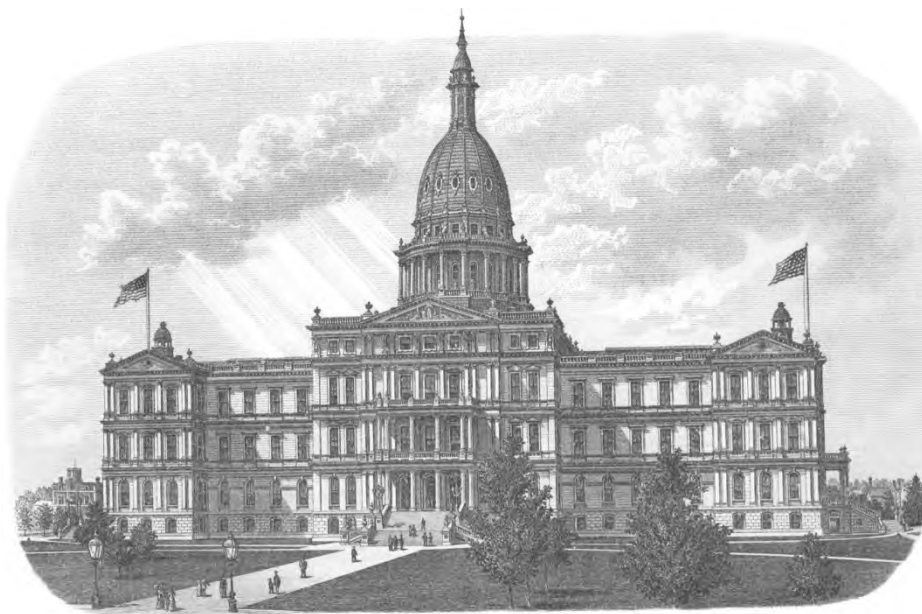


Michigan Register

Issue No. 9 – 2021 (Published June 1, 2021)



GRAPHIC IMAGES IN THE MICHIGAN REGISTER

COVER DRAWING

Michigan State Capitol:

This image, with flags flying to indicate that both chambers of the legislature are in session, may have originated as an etching based on a drawing or a photograph. The artist is unknown. The drawing predates the placement of the statue of Austin T. Blair on the capitol grounds in 1898.

(Michigan State Archives)

PAGE GRAPHICS

Capitol Dome:

The architectural rendering of the Michigan State Capitol's dome is the work of Elijah E. Myers, the building's renowned architect. Myers inked the rendering on linen in late 1871 or early 1872. Myers' fine draftsmanship, the hallmark of his work, is clearly evident.

Because of their size, few architectural renderings of the 19th century have survived. Michigan is fortunate that many of Myers' designs for the Capitol were found in the building's attic in the 1950's. As part of the state's 1987 sesquicentennial celebration, they were conserved and deposited in the Michigan State Archives.

(Michigan State Archives)

East Elevation of the Michigan State Capitol:

When Myers' drawings were discovered in the 1950's, this view of the Capitol – the one most familiar to Michigan citizens – was missing. During the building's recent restoration (1989-1992), this drawing was commissioned to recreate the architect's original rendering of the east (front) elevation.

(Michigan Capitol Committee)

Michigan Register

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The Michigan Compiled Laws**



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(This issue, published June 1, 2021, contains
documents filed from May 1, 2021 to May 15, 2021)

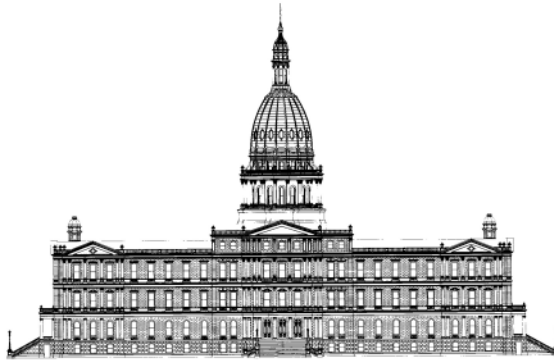
Compiled and Published by the
Michigan Office of Administrative Hearings and Rules

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Katherine Wienczewski, State Administrative Manager, Michigan Office of Administrative Hearings and Rules;
Deidre O’Berry, Administrative Rules Specialist for Operations and Publications.

Gretchen Whitmer, Governor



Garlin Gilchrist, Lieutenant Governor

PREFACE

PUBLICATION AND CONTENTS OF THE MICHIGAN REGISTER

The Michigan Office of Administrative Hearings and Rules publishes the *Michigan Register*.

While several statutory provisions address the publication and contents of the *Michigan Register*, two are of particular importance.

24.208 Michigan register; publication; cumulative index; contents; public subscription; fee; synopsis of proposed rule or guideline; transmitting copies to office of regulatory reform.

Sec. 8.

(1) The office of regulatory reform shall publish the Michigan register at least once each month. The Michigan register shall contain all of the following:

- (a) Executive orders and executive reorganization orders.
- (b) On a cumulative basis, the numbers and subject matter of the enrolled senate and house bills signed into law by the governor during the calendar year and the corresponding public act numbers.
- (c) On a cumulative basis, the numbers and subject matter of the enrolled senate and house bills vetoed by the governor during the calendar year.
- (d) Proposed administrative rules.
- (e) Notices of public hearings on proposed administrative rules.
- (f) Administrative rules filed with the secretary of state.
- (g) Emergency rules filed with the secretary of state.
- (h) Notice of proposed and adopted agency guidelines.
- (i) Other official information considered necessary or appropriate by the office of regulatory reform.
- (j) Attorney general opinions.
- (k) All of the items listed in section 7(m) after final approval by the certificate of need commission under section 22215 of the public health code, 1978 PA 368, MCL 333.22215.

(2) The office of regulatory reform shall publish a cumulative index for the Michigan register.

(3) The Michigan register shall be available for public subscription at a fee reasonably calculated to cover publication and distribution costs.

(4) If publication of an agency's proposed rule or guideline or an item described in subsection (1)(k) would be unreasonably expensive or lengthy, the office of regulatory reform may publish a brief synopsis of the proposed rule or guideline or item described in subsection (1)(k), including information on how to obtain a complete copy of the proposed rule or guideline or item described in subsection (1)(k) from the agency at no cost.

(5) An agency shall electronically transmit a copy of the proposed rules and notice of public hearing to the office of regulatory reform for publication in the Michigan register.

4.1203 Michigan register fund; creation; administration; expenditures; disposition of money received from sale of Michigan register and amounts paid by state agencies; use of fund; price of Michigan register; availability of text on internet; copyright or other proprietary interest; fee prohibited; definition.

Sec. 203.

- (1) The Michigan register fund is created in the state treasury and shall be administered by the office of regulatory reform. The fund shall be expended only as provided in this section.
- (2) The money received from the sale of the Michigan register, along with those amounts paid by state agencies pursuant to section 57 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.257, shall be deposited with the state treasurer and credited to the Michigan register fund.
- (3) The Michigan register fund shall be used to pay the costs of preparing, printing, and distributing the Michigan register.
- (4) The department of management and budget shall sell copies of the Michigan register at a price determined by the office of regulatory reform not to exceed the cost of preparation, printing, and distribution.
- (5) Notwithstanding section 204, beginning January 1, 2001, the office of regulatory reform shall make the text of the Michigan register available to the public on the internet.
- (6) The information described in subsection (5) that is maintained by the office of regulatory reform shall be made available in the shortest feasible time after the information is available. The information described in subsection (5) that is not maintained by the office of regulatory reform shall be made available in the shortest feasible time after it is made available to the office of regulatory reform.
- (7) Subsection (5) does not alter or relinquish any copyright or other proprietary interest or entitlement of this state relating to any of the information made available under subsection (5).
- (8) The office of regulatory reform shall not charge a fee for providing the Michigan register on the internet as provided in subsection (5).
- (9) As used in this section, "Michigan register" means that term as defined in section 5 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.205.

CITATION TO THE MICHIGAN REGISTER

The *Michigan Register* is cited by year and issue number. For example, 2021 MR 1 refers to the year of issue (2021) and the issue number (1).

CLOSING DATES AND PUBLICATION SCHEDULE

The deadlines for submitting documents to the Michigan Office of Administrative Hearings and Rules for publication in the *Michigan Register* are the first and fifteenth days of each calendar month, unless the submission day falls on a Saturday, Sunday, or legal holiday, in which event the deadline is extended to include the next day which is not a Saturday, Sunday, or legal holiday. Documents filed or received after 5:00 p.m. on the closing date of a filing period will appear in the succeeding issue of the *Michigan Register*.

The Michigan Office of Administrative Hearings and Rules is not responsible for the editing and proofreading of documents submitted for publication.

Documents submitted for publication should be delivered or mailed in an electronic format to the following address: MICHIGAN REGISTER, Michigan Office of Administrative Hearings and Rules, Ottawa Building – Second Floor, 611 W. Ottawa Street, Lansing, MI 48933.

RELATIONSHIP TO THE MICHIGAN ADMINISTRATIVE CODE

The *Michigan Administrative Code* (1979 edition), which contains all permanent administrative rules in effect as of December 1979, was, during the period 1980-83, updated each calendar quarter with the publication of a paperback supplement. An annual supplement contained those permanent rules, which had appeared in the 4 quarterly supplements covering that year.

Quarterly supplements to the Code were discontinued in January 1984, and replaced by the monthly publication of permanent rules and emergency rules in the *Michigan Register*. Annual supplements have included the full text of those permanent rules that appear in the twelve monthly issues of the *Register* during a given calendar year. Emergency rules published in an issue of the *Register* are noted in the annual supplement to the Code.

SUBSCRIPTIONS AND DISTRIBUTION

The *Michigan Register*, a publication of the State of Michigan, is available for public subscription at a cost of \$400.00 per year. Submit subscription requests to: Michigan Office of Administrative Hearings and Rules, Ottawa Building –Second Floor, 611 W. Ottawa Street, Lansing, MI 48933. Checks Payable: State of Michigan. Any questions should be directed to the Michigan Office of Administrative Hearings and Rules (517) 335-2484.

INTERNET ACCESS

The *Michigan Register* can be viewed free of charge on the website of the Michigan Office of Administrative Hearings and Rules – Administrative Rules Division: www.michigan.gov/ard.

Issue 2000-3 and all subsequent editions of the *Michigan Register* can be viewed on the Michigan Office of Administrative Hearings and Rules website. The electronic version of the *Register* can be navigated using the blue highlighted links found in the Contents section. Clicking on a highlighted title will take the reader to related text, clicking on a highlighted header above the text will return the reader to the Contents section.

Executive Director,
Michigan Office of Administrative Hearings and Rules

2021 PUBLICATION SCHEDULE

Issue No.	Closing Date for Filing or Submission Of Documents (5 p.m.)	Publication Date
1	January 15, 2021	February 1, 2021
2	February 1, 2021	February 15, 2021
3	February 15, 2021	March 1, 2021
4	March 1, 2021	March 15, 2021
5	March 15, 2021	April 1, 2021
6	April 1, 2021	April 15, 2021
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18	October 1, 2021	October 15, 2021
19	October 15, 2021	November 1, 2021
20	November 1, 2021	November 15, 2021
21	November 15, 2021	December 1, 2021
22	December 1, 2021	December 15, 2021
23	December 15, 2021	January 1, 2022
24	January 1, 2022	January 15, 2022

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**ADMINISTRATIVE RULES
FILED WITH THE SECRETARY OF STATE**

MCL 24.208 states in part:

“Sec. 8. (1) The Office of Regulatory Reform shall publish the Michigan register at least once each month. The Michigan register shall contain all of the following:

* * *

(f) Administrative rules filed with the secretary of state.”

ADMINISTRATIVE RULES

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

DIRECTOR'S OFFICE

OCCUPATIONAL CODE—DISCIPLINARY RULES

Filed with the secretary of state on May 3, 2021

These rules take effect immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a(6) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.

(By authority conferred on the director of the department of licensing and regulatory affairs by section 33(3) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, section 205 of the occupational code, 1980 PA 299, MCL 339.205, and Executive Reorganization Orders Nos. 1991-9, 1996-2, 2003-1, and 2011-4, MCL 338.3501, 445.2001, 445.2011, and 445.2030)

R 339.1706 and R 339.1731 of the Michigan Administrative Code are amended, R 339.1702, R 339.1708, R 339.1710, R 339.1712, R 339.1714, and R 339.1716 are added, and R 339.1703 and R 339.1726 are rescinded, as follows:

PART 1. GENERAL RULES

R 339.1702 Definitions.

Rule 702. (1) As used in these rules "code" means the occupational code, 1980 PA 299, MCL 339.101 to 339.2677.

(2) The applicable terms defined in the code have the same meaning when used in these rules.

R 339.1703 Rescinded.

R 339.1706 Continuing duty to report name, postal address, and electronic mail address change.

Rule 706. In addition to complying with sections 204(5) and (6) of the code, MCL 339.204, a licensee, registrant, or qualifying officer, director, owner, or manager of a licensee or registrant whose license or registration has expired, lapsed, or has been suspended, revoked, or surrendered shall notify the department of a change of name, postal address, or electronic mail address until the later of 1 of the following, occurs:

(a) Seven years after the license or registration status change occurs.

(b) The licensee, registrant, or qualifying officer, director, owner, or manager of a licensee or registrant is in full compliance with all final orders issued against the licensee, registrant, or qualifying officer, director, owner, or manager of a licensee or registrant.

R 339.1708 Disciplinary action; unlicensed or unregistered person.

Rule 708. (1) A person who violates the code is subject to disciplinary action and sanctions based upon that conduct under the code without regard to whether he or she becomes licensed or registered or whether the department knew of the violation at the time that the license or registration was issued.

(2) A person considered unlicensed or unregistered under section 601(3) of the code, MCL 339.601, or whose license or registration has been suspended, revoked, or surrendered shall not engage in the practice of any profession requiring licensure or registration under the code.

(3) A person who becomes unlicensed or unregistered remains subject to disciplinary action for violating the code, a rule promulgated under the code, or a final order issued under the code until the later of 1 of the following occurs:

(a) Seven years after a change in license or registration status change occurs.

(b) The licensee or registrant is in full compliance with all final orders issued against the licensee or registrant.

R 339.1710 Service of formal complaints and orders.

Rule 710. (1) The department may serve a formal complaint, summary suspension order, cease and desist order, or final order on a respondent by personal service, first class United State mail, or certified mail, return receipt requested, to the most current address of record on file with the department.

(2) If service is made by mail, it is deemed received 3 business days after the date of mailing, unless otherwise indicated by the returned certified mail receipt.

(3) Non-delivery does not affect the validity of service if it was caused by the respondent's refusal to take delivery.

PART 2. HISTORICAL RECORDS

R 339.1712 Historical records.

Rule 712. The department may obtain and maintain all of the following in a person's historical record:

(a) Reports, information, or a final order from a state department or agency.

(b) Reports or information from a professional association or professional society.

(c) Reports or information from the secretary of state's office.

(d) Reports or information related to prior complaints made against the person.

(e) Reports or information from any federal, state, or local law enforcement agency.

(f) Reports, information, or a final order or judgment from any federal, state, or local court or other adjudicating body.

PART 3. INVESTIGATIONS

R 339.1714 Investigations.

Rule 714. The department's investigations, conducted as required by section 502 of the code, MCL 339.502, may encompass violations other than those specifically identified when the investigation was initiated.

PART 4. CONTESTED CASE PROCEEDINGS

R 339.1716 Pleadings and orders.

Rule 716. (1) As used in this rule, "contested case" means that term as defined by section 3(3) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.203.

(2) Until the Michigan office of administrative hearings and rules issues a notice of hearing, all documents and any related attachments must be filed with the department or the department of the attorney general as set forth in the formal complaint, summary suspension order, cease and desist order, or attached notice document.

(3) After the Michigan office of administrative hearings and rules issues a notice of hearing, all documents and pleadings and any related attachments must be filed with the Michigan office of administrative hearings and rules and simultaneously served to all parties listed in the case caption of the notice, as required in the notice of hearing and R 792.10101 to 792.10137.

(4) A formal complaint may be withdrawn or amended at any time consistent with the code, the administrative procedures act of 1969, 1969 PA 306, MCL 24.201 to 24.328, and R 792.10101 to 792.10137. If the department adds a new charge, the department must give the respondent an opportunity to request a compliance conference.

(5) All pleadings, documents, and any related attachments that are properly filed become a part of the official record of the hearing under sections 76 and 86 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.276 and 24.286, and R 792.10101 to 792.10137.

PART 5. COMPLIANCE CONFERENCE AND REQUEST FOR ADJOURNMENT

R 339.1726 Rescinded.

R 339.1731 Compliance conferences; requests for adjournment; written statements.

Rule 731. (1) The department may conduct a compliance conference held under section 508 of the code, MCL 339.508, informally and not as an evidentiary hearing.

(2) A respondent may request and may be granted an adjournment of the compliance conference for good cause shown. As used in this subrule, “good cause” means that the respondent submitted a written request for adjournment to the department that provides legally sufficient grounds to warrant the adjournment, such as circumstances beyond the respondent’s control.

(3) A respondent may request to submit a written statement in lieu of requesting or appearing for a compliance conference.

ADMINISTRATIVE RULES

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

DIRECTOR'S OFFICE

OCCUPATIONAL THERAPISTS – GENERAL RULES

Filed with the secretary of state on May 3, 2021

These rules take effect immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a(6) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.

(By authority conferred on the department of licensing and regulatory affairs by sections 16145, 16148, 16204, 18307, 18309, and 18313 of the public health code, 1978 PA 368, MCL 333.16145, 333.16148, 333.16204, 333.18307, 333.18309, and 333.18313, and Executive Reorganization Order Nos. 1991-9, 1996-2, 2003-1, and 2011-4, MCL 338.3501, 445.2001, 445.2011, and 445.2030)

R 338.1211, R 338.1212, R 338.1222, R 338.1223, R 338.1223a, R 338.1225, R 338.1226, R 338.1227, R 338.1228, R 338.1229, R 338.1229a, R 338.1232, R 338.1233, R 338.1233a, R 338.1234, R 338.1235, R 338.1236, R 338.1237, R 338.1251, and R 338.1252 of the Michigan Administrative Code are amended, R 338.1234a is added, and R 338.1213 is rescinded, as follows:

PART 1. DEFINITIONS

R 338.1211 Definitions.

Rule 11. (1) As used in these rules:

- (a) "Board" means the board of occupational therapists.
- (b) "Code" means the public health code, 1978 PA 368, MCL 333.1101 to 333.25211.
- (c) "Department" means the department of licensing and regulatory affairs.

(2) Unless otherwise defined in these rules, the terms defined in the code have the same meaning when used in these rules.

PART 2. GENERAL PROVISIONS

R 338.1212 Grounds for disciplinary action.

Rule 12. The conduct included in section 16221 of the code, MCL 333.16221, is prohibited conduct, and may be grounds for disciplinary action against a licensee, registrant, or an applicant.

R 338.1213 Rescinded.

PART 3. OCCUPATIONAL THERAPISTS

R 338.1222 Educational program standards; occupational therapist; adoption by reference.

Rule 22. (1) The board approves and adopts by reference in these rules the standards for accrediting occupational therapist educational programs in the documents entitled "2018 Accreditation Council for Occupational Therapy Education (ACOTE) Standards and Interpretive Guide," adopted by the Accreditation Council for Occupational Therapy Education (ACOTE), which were effective July 31, 2020. Copies of these standards are available at no cost from the ACOTE website at <https://acoteonline.org/wp-content/uploads/2020/07/2018-ACOTE-Standards.pdf>. Copies of the standards are also available for inspection and distribution at 10 cents per page from the Michigan Board of Occupational Therapists, Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, 611 W. Ottawa, P.O. Box 30670, Lansing, Michigan 48909.

(2) Any educational program for occupational therapists that is accredited by the ACOTE qualifies as an occupational therapist educational program approved by the board.

(3) The board approves and adopts by reference in these rules the standards in the document entitled "Minimum Standards for the Education of Occupational Therapists, Revised 2016" published by the World Federation of Occupational Therapists (WFOT). Copies of these standards are available at 10 cents per page on the (WFOT) website at <http://www.wfot.org>. The standards are also available for inspection at cost from the department at the address listed in subrule (1) of this rule.

(4) Any educational program for occupational therapists that is approved by the WFOT qualifies as an occupational therapist educational program approved by the board.

(5) Any bachelor's level educational program for occupational therapists that was operating before December 31, 2006, and accredited by the ACOTE or approved by the WFOT qualifies as an occupational therapist educational program approved by the board.

R 338.1223 Application for occupational therapist license; requirements.

Rule 23. An applicant for an occupational therapist license shall submit the required fee and a completed application on a form provided by the department. In addition to meeting the requirements of the code and these rules, an applicant must meet all of the following requirements:

(a) Graduate from an occupational therapist education program that is accredited by the ACOTE or approved by the WFOT, or their predecessor organizations, and meets the standards adopted by the board under R 338.1222 or meets the requirements of R 338.1225.

(b) Within 3 years preceding the application for licensure and not more than 2 years after the application for licensure, the applicant shall pass the occupational therapist licensure examination adopted in R 338.1224.

(c) Within 3 years preceding the application for licensure and not more than 2 years after the application for licensure, the applicant shall pass the examination on laws and rules related to the practice of occupational therapy in this state that is developed and administered by the department or an entity approved by the department.

R 338.1223a Application for license; occupational therapist with lapsed registration; requirements.

Rule 23a. (1) An applicant for an occupational therapist license whose registration as an occupational therapist in this state lapsed on or before January 13, 2009, shall submit the required fee and a completed application on a form, provided by the department, before June 11, 2015. An applicant shall meet all of the following requirements:

(a) Maintain certification as an occupational therapist by the National Board for Certification in Occupational Therapy (NBCOT) after the registration lapsed.

(b) Pass the examination on laws and rules related to the practice of occupational therapy in this state which is developed and administered by the department or an entity approved by the department.

(c) Complete a supervised practice experience that meets the requirements of R 338.1228. The duration of the experience must be as follows:

(i) If the applicant's registration has lapsed for at least 3 years but less than 7 years, the applicant shall complete not less than 200 hours of supervised practice experience.

(ii) If the applicant's registration has lapsed for 7 years or more but less than 15 years, the applicant shall complete not less than 400 hours of supervised practice experience.

(iii) If the applicant's registration has lapsed for 15 years or more, the applicant shall complete not less than 600 hours of supervised practice experience.

(2) An applicant's license or registration must be verified, on a form supplied by the department, by the licensing agency of any state in which the applicant holds a current license or registration or ever held a license or registration as an occupational therapist. If applicable, verification must include the record of any disciplinary action taken or pending against the applicant.

(3) An applicant for licensure who was registered in this state as an occupational therapist before January 1, 2009, whose registration had lapsed, and who did not apply for licensure prior to June 11, 2015, shall complete the requirements of R 338.1223.

(4) For purposes of meeting the requirements of subrule (1)(c) of this rule, the department may grant an applicant a limited license to complete the supervised practice experience.

(5) A limited license granted under subrule (4) of this rule is valid for 1 year and may be renewed 1 time.

R 338.1225 Graduate of non-accredited postsecondary institution; occupational therapist; equivalency of education; NBCOT examination.

Rule 25. An applicant for an occupational therapist license who graduated from a non-accredited postsecondary institution shall submit the required fee and a completed application on a form provided by the department. In addition to meeting the requirements of the code and these rules, an applicant shall meet all of the following requirements:

(a) Establish to the board that the applicant completed an occupational therapist educational program that is substantially equivalent to an occupational therapist program that is accredited by the ACOTE or approved by the WFOT as provided in R 338.1222.

(b) Have documentation sent directly to the department from the NBCOT verifying the applicant passed the NBCOT certification examination for occupational therapists adopted in R 338.1224 within 3 years preceding the application for licensure and not more than 2 years after the application for licensure.

(c) Effective January 1, 2021, within 3 years preceding the application for licensure and not more than 2 years after the application for licensure, the applicant shall pass the examination on laws and rules related to the practice of occupational therapy in this state that is developed and administered by the department or an entity approved by the department.

R 338.1226 Licensure by endorsement; occupational therapist; requirements.

Rule 26. (1) An applicant for an occupational therapist license by endorsement shall submit the required fee and a completed application on a form provided by the department. In addition to meeting the requirements of the code and these rules, an applicant meets the requirements of section 16186 of the code, MCL 333.16186, if the applicant satisfies the requirements of this rule, as applicable.

(2) If an applicant is actively registered or licensed as an occupational therapist in another state of the United States for 5 years or more and is in good standing within 30 days prior to filing an application for an occupational therapist license in this state, then the applicant shall comply with both of the following:

(a) Have previously taken and passed the NBCOT certification examination for occupational therapists with a score adopted by the board under R 338.1224(1) or the predecessor examination that was administered by the American Occupational Therapy Association (AOTA).

(b) Within 3 years preceding the application for endorsement and not more than 2 years after the application for endorsement, the applicant must pass the examination on state laws and rules related to the practice of occupational therapy that is developed and administered by the department or an entity approved by the department with a minimum converted score of 75.

(3) If an applicant is actively registered or licensed as an occupational therapist in another state of the United States for less than 5 years and is in good standing within 30 days prior to filing an application for an occupational therapist license in this state, then the applicant shall comply with all of the following:

(a) Graduate from an occupational therapist education program that is accredited by the ACOTE, or approved by the WFOT, or their predecessor organizations, and meets the standards adopted by the board in R 338.1222.

(b) Meet the requirements of subrule (2)(a) and (b) of this rule.

(4) In addition to meeting the requirements of subrule (1) and either subrule (2) or (3) of this rule, an applicant's license or registration must be verified, on a form supplied by the department, by the licensing agency of any state in which the applicant holds a current license or registration or ever held a license or registration as an occupational therapist. If applicable, verification shall include the record of any disciplinary action taken or pending against the applicant.

R 338.1227 Requirements for relicensure; occupational therapist.

Rule 27. (1) An applicant whose license has lapsed for less than 3 years preceding the date of application for relicensure may be relicensed under section 16201(3) of the code, MCL 333.16201, if the applicant meets all of the following requirements:

(a) Submits the required fee and a completed application on a form provided by the department.

(b) Establishes that he or she is of good moral character.

(c) Submits proof of having completed the continuing education required in R 338.1252 within the 3-year period immediately preceding the date of the application for relicensure. However, if the continuing education hours submitted with the application are deficient, the applicant has 2 years from the date of the application to complete the deficient hours. The application must be held and the license must not be issued until the continuing education requirements have been met.

(2) An applicant for relicensure whose license has lapsed for 3 years or more preceding the date of application may be relicensed under section 16201(4) of the code, MCL 333.16201, if the applicant meets all of the following requirements:

(a) Submits the required fee and a completed application on a form provided by the department.

(b) Establishes that he or she is of good moral character.

(c) Submits fingerprints as set forth in section 16174(3) of the code, MCL 333.16174.

(d) Submits proof of having completed the continuing education required in R 338.1252 within the 3-year period immediately preceding the date of the application for relicensure. However, if the continuing education hours submitted with the application are deficient, the applicant has 2 years from the date of the application to complete the deficient hours. The application must be held and the license must not be issued until the continuing education requirements have been met.

(e) Within 3 years preceding the application for relicensure and not more than 2 years after the application for relicensure, passes the examination on laws and rules related to the practice of occupational therapy in this state that is developed and administered by the department or an entity approved by the department.

(f) Either of the following:

(i) Within 3 years preceding the application for relicensure and not more than 2 years after the application for relicensure, takes and passes the NBCOT certification examination for occupational therapists, with a score adopted by the board under R 338.1224(1), and completes supervised practice experience pursuant to subrule (3) of this rule.

(ii) Presents evidence to the department that he or she was actively registered or licensed as an occupational therapist in another state during the 3-year period and in good standing within 30 days, prior to filing the application for relicensure.

(3) An applicant who meets the requirements of subrule (2)(f)(i) of this rule shall complete a supervised practice experience that meets the requirements of R 338.1228. The applicant must have a limited license from the department while he or she participates in the supervised practice experience. The duration of the experience must be as follows:

(a) If the applicant's license has lapsed for at least 3 years but less than 7 years, the applicant shall complete not less than 200 hours of supervised practice experience.

(b) If the applicant's license has lapsed for 7 years or more but less than 15 years, the applicant shall complete not less than 400 hours of supervised practice experience.

(c) If the applicant's license has lapsed for more than 15 years, the applicant shall complete not less than 600 hours of supervised practice experience.

(4) In addition to meeting the requirements of either subrule (1) or subrules (2) and (3) of this rule, pursuant to section 16174 of the code, MCL 333.16174, an applicant's license or registration must be verified, on a form supplied by the department, by the licensing agency of any state in which the applicant holds a current license or registration or ever held a license or registration as an occupational therapist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending against the applicant.

(5) For purposes of meeting the requirements of subrule (3) of this rule, the department may grant an applicant a limited license to complete the supervised practice experience.

(6) A limited license granted under subrule (5) of this rule is valid for 1 year and may be renewed 1 time.

R 338.1228 Supervised practice experience; occupational therapist; requirements.

Rule 28. (1) The supervised practice experience required for relicensure under R 338.1227 must comply with both of the following:

(a) The supervised practice experience must be obtained under the supervision of a licensed occupational therapist having 3 or more years clinical experience and no past or pending disciplinary actions.

(b) The supervising occupational therapist shall provide the board with verification of the applicant's completion of the supervised practice experience on a form provided by the department.

(2) The supervised practice experience must consist of, at a minimum, professional and clinical instruction in all of the following areas:

(a) Referral process.

(b) Screening process.

(c) Evaluations.

(d) Intervention plans.

(e) Intervention strategies.

(f) Discontinuation; referral for other services.

R 338.1229 Delegation of limited assessments, tasks or interventions to an occupational therapy assistant; supervision of an occupational therapy assistant; requirements.

Rule 29. (1) An occupational therapist who delegates the performance of selected limited assessments, tasks or interventions to an occupational therapy assistant as permitted under section 16215 of the code, MCL 333.16215, shall supervise the occupational therapy assistant consistent with section 16109(2) of the code, MCL 333.16109, and satisfy the requirements of this rule. As used in this rule, “limited assessment” means those parts of an evaluation that an occupational therapy assistant is qualified by education and training to perform while under the supervision of an occupational therapist.

(2) An occupational therapist who delegates limited assessments, tasks, or interventions to an occupational therapy assistant shall ensure the qualifications of the occupational therapy assistant under the occupational therapist’s supervision, including verification of the occupational therapy assistant’s training, education, and licensure.

(3) An occupational therapist who delegates limited assessments, tasks, or interventions to an occupational therapy assistant shall determine and provide the appropriate level of supervision required for the occupational therapy assistant’s performance of the delegated limited assessment, task, or intervention. The appropriate level of supervision must be determined based on the occupational therapy assistant’s education, training, and experience and includes 1 of the following:

(a) “General supervision” means that the occupational therapist is not required to be physically present on site but shall be continuously available at the time the limited assessment, task, or intervention is performed. Continuously available includes availability by telecommunication or other electronic device.

(b) “Direct supervision” means that the occupational therapist is physically present with the occupational therapy assistant or immediately available for direction and onsite supervision at the time the limited assessment, task, or intervention is performed, and that the occupational therapist has direct contact in the physical presence of the patient or client during each visit.

(4) An occupational therapist who delegates limited assessments, tasks, or interventions under this rule shall also comply with all of the following:

(a) Initiate and direct the evaluation of the patient or client before delegating limited assessments.

(b) Complete the evaluation before delegating tasks or interventions to be performed by an occupational therapy assistant.

(c) Supervise an occupational therapy assistant to whom limited assessments, tasks, or interventions have been delegated.

(d) Provide predetermined procedures and protocols for limited assessments, tasks, or interventions that have been delegated.

(e) Monitor an occupational therapy assistant’s practice and provision of assigned limited assessments, tasks, or interventions.

(f) Maintain a record of the names of the occupational therapy assistants to whom limited assessments, tasks, or interventions have been delegated pursuant to section 16215 of the code, MCL 333.16215.

(g) Meet using live, synchronous contact at least once per month with the occupational therapy assistant to whom limited assessments, tasks, or interventions have been delegated to evaluate the assistant’s performance, review client or patient records, and educate the occupational therapy assistant on the limited assessments, tasks, or interventions that have been delegated to facilitate professional growth and development. The occupational therapist shall maintain documentation of the meeting that has been signed by both the occupational therapist and the occupational therapy assistant. Compliance with this subdivision shall not be used as a substitute for the ongoing supervision required under this subrule and subrule (3) of this rule.

(5) An occupational therapist shall not delegate the performance of either of the following to an occupational therapy assistant:

(a) The sole development of a treatment plan.

(b) The sole evaluation and interpretation of evaluation results.

(6) An occupational therapist shall not supervise more than 4 occupational therapy assistants who are providing services to patients at the same time.

R 338.1229a Delegation of tasks to an unlicensed individual; direct supervision of an unlicensed individual; requirements.

Rule 29a. (1) An occupational therapist who delegates the performance of selected tasks to an unlicensed individual as permitted under section 16215 of the code, MCL 333.16215, shall supervise the unlicensed individual consistent with section 16109(2) of the code, MCL 333.16109, and satisfy the requirements of this rule. As used in this rule, “unlicensed individual” means an individual who does not hold an occupational therapist license, an occupational therapy assistant license, or any other health professional license and who may be able to perform the tasks identified in this rule.

(2) An occupational therapist who delegates tasks to an unlicensed individual shall provide direct supervision of the unlicensed individual. As used in this subrule, “direct supervision” means that the occupational therapist is physically present with the unlicensed individual or immediately available for direction and onsite supervision when patients or clients are present at the time the task is performed, and that the occupational therapist has direct contact with the patient or client during each visit.

(3) An occupational therapist who delegates tasks under subrule (2) of this rule shall also comply with all of the following:

(a) Ensure the qualifications of the unlicensed individual under the occupational therapist’s direct supervision, including verification of the unlicensed individual’s training and education.

(b) Examine and evaluate the patient or client before delegating tasks to be performed by an unlicensed individual.

(c) Supervise an unlicensed individual to whom tasks have been delegated.

(d) Provide predetermined procedures and protocols for tasks that have been delegated.

(e) Under section 16213 of the code, MCL 333.16213, maintain a record of the names of the unlicensed individuals to whom tasks have been delegated.

(f) Monitor an unlicensed individual’s practice and provision of assigned tasks.

(4) An occupational therapist shall not supervise more than 3 unlicensed individuals who are providing services to patients or clients at the same time.

(5) An occupational therapist shall not delegate the performance of an occupational therapy intervention to an unlicensed individual.

(6) Under section 16171 of the code, MCL 333.16171, the requirements of subrules (2), (3)(b), and (5) of this rule do not apply to a student enrolled in an ACOTE accredited or WFOT approved occupational therapist educational program or an ACOTE accredited occupational therapy assistant educational program approved by the board.

PART 4. OCCUPATIONAL THERAPY ASSISTANTS

R 338.1232 Educational program standards; occupational therapy assistant; adoption by reference.

Rule 32. (1) The board approves and adopts by reference in these rules the standards for accrediting occupational therapy assistant educational programs in the document entitled “2018 Accreditation Council for Occupational Therapy Education (ACOTE) Standards and Interpretive Guide,” adopted by the ACOTE, which were effective July 31, 2020. Copies of these standards are available at no cost from the ACOTE website at <https://acoteonline.org/wp-content/uploads/2020/07/2018-ACOTE-Standards.pdf>. Copies of the standards are also available for inspection and distribution at 10 cents per page from the Michigan Board of Occupational Therapists, Bureau of Professional Licensing,

Department of Licensing and Regulatory Affairs, 611 W. Ottawa, P.O. Box 30670, Lansing, Michigan 48909.

(2) Any educational program for occupational therapy assistants that is accredited by the ACOTE qualifies as an occupational therapy assistant educational program approved by the board.

R 338.1233 Application for occupational therapy assistant license; requirements.

Rule 33. An applicant for an occupational therapy assistant license shall submit the required fee and a completed application on a form provided by the department. In addition to meeting the requirements of the code and these rules, an applicant shall meet all of the following requirements:

(a) Graduate from an accredited occupational therapy assistant educational program that meets the standards adopted by the board under R 338.1232.

(b) Within 3 years preceding the application for licensure and not more than 2 years after the application for licensure, the applicant shall pass an occupational therapy assistant licensure examination that is approved by the board.

(c) Within 3 years preceding the application for licensure and not more than 2 years after the application for licensure, the applicant shall pass the examination on laws and rules related to the practice of occupational therapy in this state that is developed and administered by the department or an entity approved by the department.

R 338.1233a Application for license; occupational therapy assistant with lapsed registration; requirements.

Rule 33a. (1) An applicant for an occupational therapy assistant license whose registration as an occupational therapy assistant in this state lapsed on or before January 13, 2009, shall submit the required fee and a completed application on a form, provided by the department, before June 11, 2015. An applicant shall meet all of the following requirements:

(a) Maintain certification as an occupational therapy assistant by the NBCOT after the registration lapsed.

(b) Pass the examination on laws and rules related to the practice of occupational therapy in this state that is developed and administered by the department or an entity approved by the department.

(c) Complete a supervised practice experience that meets the requirements of R 338. 1237. The duration of the experience must be as follows:

(i) If the applicant's registration has lapsed for 3 years but less than 7 years, the applicant shall complete not less than 200 hours of supervised practice experience.

(ii) If the applicant's registration has lapsed for 7 years or more but less than 15 years, the applicant shall complete not less than 400 hours of supervised practice experience.

(iii) If the applicant's registration has lapsed for 15 years or more, the applicant shall complete not less than 600 hours of supervised practice experience.

(2) An applicant's license or registration must be verified, on a form supplied by the department, by the licensing agency of any state in which the applicant holds a current license or registration or ever held a license or registration as an occupational therapy assistant. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending against the applicant.

(3) An applicant for licensure who was registered in this state as an occupational therapy assistant prior to January 13, 2009, whose registration had lapsed, and who did not apply for licensure prior to June 11, 2015, shall complete the requirements of R 338.1233.

(4) For purposes of meeting the requirements of subrule (1)(c) of this rule, the department may grant an applicant a limited license to complete the supervised practice experience.

(5) A limited license granted under subrule (4) of this rule is valid for 1 year and may be renewed 1 time.

R 338.1234 Examinations; occupational therapy assistant; adoption and approval; passing scores.

Rule 34. (1) Under R 338.1233(b), the board approves and adopts the certification examination for occupational therapy assistants that was developed, administered, and scored by the NBCOT as the licensure examination for occupational therapy assistants in this state. The board adopts the passing score recommended by the NBCOT for the certification examination.

(2) The board approves the examination on laws and rules related to the practice of occupational therapy in this state that is developed and administered by the department or an entity approved by the department. The passing score on the laws and rules examination is a converted score of not less than 75.

(3) An applicant who fails to achieve a passing score on the examination required in subrule (2) of this rule may retake the examination without limitation.

R 338.1234a Graduate of non-accredited postsecondary institution; occupational therapy assistant; equivalency of education; NBCOT examination.

Rule 34a. (1) An applicant for an occupational therapy assistant license who graduated from a non-accredited postsecondary institution shall submit the required fee and a completed application on a form provided by the department. In addition to meeting the requirements of the code and these rules, an applicant shall meet all of the following requirements:

(a) Establish to the board that the applicant completed an occupational therapy assistant educational program that is substantially equivalent to an occupational therapist assistant program that is accredited by the ACOTE as provided in R 338.1232.

(b) Have documentation sent directly to the department from the NBCOT verifying the applicant passed the NBCOT certification examination for occupational therapy assistants adopted in R 338.1234 within 3 years preceding the application for licensure and not more than 2 years after the application for licensure.

(c) Within 3 years preceding the application for licensure and not more than 2 years after the application for licensure, the applicant shall pass the examination on laws and rules related to the practice of occupational therapy in this state that is developed and administered by the department or an entity approved by the department.

(2) This rule is effective on January 1, 2021.

R 338.1235 Licensure by endorsement of occupational therapy assistant; requirements.

Rule 35. (1) An applicant for an occupational therapy assistant license by endorsement shall submit the required fee and a completed application on a form provided by the department. In addition to meeting the requirements of the code and these rules, an applicant meets the requirements of section 16186 of the code, MCL 333.16186, if the applicant satisfies the requirements of this rule, as applicable.

(2) If an applicant is actively registered or licensed in another state of the United States for 5 years or more and is in good standing as an occupational therapy assistant within 30 days prior to filing an application for an occupational therapy assistant license in this state, then the applicant shall comply with both of the following:

(a) Have previously taken and passed the NBCOT certification examination for occupational therapy assistants with a score adopted by the board under R 338.1234(1).

(b) Within 3 years preceding the application for endorsement and not more than 2 years after the application for endorsement, the applicant shall pass the examination on state laws and rules related to the practice of occupational therapy that is developed and administered by the department or an entity approved by the department. The passing score on the laws and rules examination is a converted score of not less than 75.

(3) If an applicant is actively registered or licensed as an occupational therapist assistant in another state of the United States for less than 5 years and is in good standing within 30 days prior to filing an application for an occupational therapy assistant license in this state, then the applicant shall comply with all of the following:

(a) Graduate from an occupational therapy assistant education program that is accredited by the ACOTE, or its predecessor organization that meets the standards adopted by the board in R 338.1232.

(b) Meet the requirements of subrule (2) of this rule.

(4) In addition to meeting the requirements of subrule (1) and either subrule (2) or (3) of this rule, an applicant's license or registration must be verified, on a form supplied by the department, by the licensing agency of any state in which the applicant holds a current license or registration or ever held a license or registration as an occupational therapy assistant. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending against the applicant.

R 338.1236 Requirements for relicensure; occupational therapy assistant.

Rule 36. (1) An applicant whose license has lapsed for less than 3 years preceding the date of application for relicensure may be relicensed under section 16201(3) of the code, MCL 333.16201~~(3)~~, if the applicant meets all of the following requirements:

(a) Submits the required fee and a completed application on a form provided by the department.

(b) Establishes that he or she is of good moral character.

(c) Submits proof of having completed the continuing education required in R 338.1252 within the 3-year period immediately preceding the date of the application for relicensure. However, if the continuing education hours submitted with the application are deficient, the applicant has 2 years from the date of the application to complete the deficient hours. The application must be held and the license must not be issued until the continuing education requirements have been met.

(2) An applicant for relicensure whose license has lapsed for 3 years or more preceding the date of application may be relicensed under section 16201(4) of the code, MCL 333.16201, if the applicant meets all of the following requirements:

(a) Submits the required fee and a completed application on a form provided by the department.

(b) Establishes that he or she is of good moral character.

(c) Submits fingerprints as set forth in section 16174(3) of the code, MCL 333.16174.

(d) Submits proof of having completed the continuing education required in R 338.1252 within the 3-year period immediately preceding the date of the application for relicensure. However, if the continuing education hours submitted with the application are deficient, the applicant has 2 years from the date of the application to complete the deficient hours. The application must be held and the license must not be issued until the continuing education requirements have been met.

(e) Within 3 years preceding the application for relicensure and not more than 2 years after the application for licensure, passes the examination on laws and rules related to the practice of occupational therapy in this state that is developed and administered by the department or an entity approved by the department.

(f) Either of the following:

(i) Within 3 years preceding the application for relicensure and not more than 2 years after the application for licensure, takes and passes the NBCOT certification examination for occupational therapy assistants with a score adopted by the board under R 338.1234(1) and completes supervised practice experience pursuant to subrule (3) of this rule.

(ii) Presents evidence to the department that he or she was actively registered or licensed as an occupational therapy assistant in another state during the 3-year period and was in good standing within 30 days prior to filing the application for relicensure.

(3) An applicant who meets the requirements of subdivision (2)(f)(i) of this rule shall complete a supervised practice experience that meets the requirements of R 338.1237. The duration of the experience must be as follows:

(a) If the applicant's license has lapsed for at least 3 years but less than 7 years, the applicant shall complete not less than 200 hours of supervised practice experience.

(b) If the applicant's license has lapsed for 7 years or more but 15 years or less, the applicant shall complete not less than 400 hours of supervised practice experience.

(c) If the applicant's license has lapsed for more than 15 years, the applicant shall complete not less than 600 hours of supervised practice experience.

(4) In addition to meeting the requirements of either subrule (1) or subrules (2) and (3) of this rule, pursuant to section 16174 of the code, MCL 333.16174, an applicant's license or registration must be verified, on a form supplied by the department, by the licensing agency of any state in which the applicant holds a current license or registration or ever held a license or registration as an occupational therapy assistant. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending against the applicant.

(5) For purposes of meeting the requirements of subrule (3) of this rule, the department may grant an applicant a limited license to complete the supervised practice experience.

(6) A limited license granted under subrule (5) of this rule is valid for 1 year and may be renewed 1 time.

R 338.1237 Supervised practice experience; occupational therapy assistant; requirements.

Rule 37. (1) The supervised practice experience required for relicensure under R 338.1236 shall comply with all of the following:

(a) The supervised practice experience must be obtained under the supervision of a licensed occupational therapist having 3 or more years clinical experience and no past or pending disciplinary actions.

(b) The supervising occupational therapist shall provide the board with verification of the applicant's completion of the supervised practice experience on a form provided by the department.

(2) The supervised practice experience must consist of, at a minimum, professional and clinical instruction in all of the following areas:

(a) Referral process.

(b) Screening process.

(c) Evaluations.

(d) Intervention plans.

(e) Intervention strategies.

(f) Discontinuation; referral for other services.

(3) Only experience obtained in an approved supervised practice situation by an individual who holds a limited license counts toward the experience requirement.

PART 5. CONTINUING EDUCATION

R 338.1251 License renewal; occupational therapist; occupational therapy assistant; requirements.

Rule 51. (1) This part applies to applications for renewal of licensure that are filed for the renewal cycle beginning 1 year or more after the effective date of these rules.

(2) An applicant for license renewal who has been licensed for the 2-year licensing period immediately preceding the expiration date of the license shall accumulate not less than 20 continuing education

contact hours that are approved by the board pursuant to R 338.1252 during the 2-year licensing period immediately preceding an application for renewal.

(3) Submission of an application for renewal constitutes the applicant's certification of compliance with the requirements of this rule.

(4) A licensee shall retain documentation of meeting the requirements of this rule for a period of 4 years from the date of applying for license renewal. Failure to comply with this rule is a violation of section 16221(h) of the code, MCL 333.16221.

(5) The board may require an applicant or licensee to submit evidence to demonstrate compliance with this rule.

(6) A request for a waiver under section 16205 of the code, MCL 333.16205 must be received by the department before the expiration date of the license.

(7) The requirements of this part do not apply to an applicant during an initial licensure cycle.

R 338.1252 Acceptable continuing education; occupational therapist; occupational therapy assistant; requirements.

Rule 52. (1) The 20 hours of continuing education required pursuant to R 338.1251 for the renewal of a license must comply with the following:

(a) Not more than 10 credit hours may be earned during a 24-hour period for on-line or electronic media, such as videos, internet web-based seminars, video conferences, on-line continuing education programs, and on-line journal articles that are asynchronous and not interactive.

(b) An applicant may not earn credit for a continuing education program or activity that is identical or substantially similar to a program or activity the applicant has already earned credit for during that renewal period.

(c) Pursuant to section 16204 of the code, MCL 333.16204, at least 1 hour of continuing education must be earned in the area of pain and symptom management. Continuing education hours in pain and symptom management may include, but are not limited to, courses in behavior management, psychology of pain, pharmacology, behavior modification, stress management, clinical applications, and drug interventions as they relate to the practice of occupational therapy.

(2) One-half of the required continuing education contact hours must be completed by live, synchronous, and interactive courses and programs. The remaining continuing education contact hours may be completed in any other format.

(3) The following are acceptable continuing education activities:

ACCEPTABLE CONTINUING EDUCATION ACTIVITIES		
(a)	Completion of an approved continuing education program or activity related to the practice of occupational therapy. A continuing education program or activity is approved if it is approved or offered for continuing education credit by any of the following: NBCOT. International Association for Continuing Education and Training (IACET) authorized providers. Another state or provincial board of occupational therapy. Michigan Occupational Therapy Association (MIOTA).	<p>The number of hours approved by the sponsor or the approving organization.</p> <p>If the activity was not approved for a set number of hours, then 1 hour of continuing education for each 60 minutes of participation may be earned.</p> <p>Credit in this category may be earned without limitation.</p>

	<p>An occupational therapy education program approved by the board in R 338.1222. Employer-provided work place training. Third party presentation that contributes to professional growth, development, and competency of occupational therapy practitioners.</p> <p>If audited, an applicant shall submit a copy of a letter or certificate of completion showing the applicant's name, number of credits earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date on which the program was held or activity completed.</p>	
(b)	<p>Completion of academic courses related to the practice of occupational therapy offered in an occupational therapy education program approved by the board pursuant to R 338.1222.</p> <p>If audited, an applicant shall submit an official transcript that reflects completion of the academic course and number of semester or quarter credit hours earned.</p>	<p>Five hours of continuing education may be earned for each semester credit hour earned.</p> <p>Three hours of continuing education may be earned for each quarter credit hour earned.</p> <p>Credit in this category may be earned without limitation.</p>
(c)	<p>Initial publication of a chapter or an article related to the practice of occupational therapy in either of the following: A peer-reviewed textbook. A professional health care textbook. A peer-reviewed journal or periodical. Practice area related article in lay publication (community newspaper and newsletter). Non-peer reviewed professional publication (such as <i>OT Practice</i>, <i>SIS Quarterly</i> and <i>Advance</i>).</p> <p>If audited, an applicant shall submit a copy of the publication that identifies the applicant as the author of the publication or a publication acceptance letter.</p>	<p>A maximum of 10 hours may be earned in each renewal period.</p> <p>10 hours of continuing education can may be earned for a publishing a peer-reviewed textbook, professional healthcare textbook or a peer-reviewed journal or periodical.</p> <p>2 hours of continuing education may be earned for publishing a practice related article in a lay publication.</p> <p>5 hours of continuing education may be earned for publishing a non-peer reviewed professional publication.</p>
(d)	<p>Independent reading of peer reviewed articles or viewing or listening to media related to the practice of occupational therapy that does not</p>	<p>One hour for each 60 minutes of participation.</p>

	<p>include a self-assessment component.</p> <p>If audited, an applicant shall submit an affidavit attesting to the number of hours the applicant spent participating in these activities that includes a description of the activity.</p>	<p>A maximum of 5 hours may be earned in each renewal period.</p>
(e)	<p>Initial presentation of an academic or continuing education program that is not a part of the applicant's regular job description.</p> <p>If audited, an applicant shall submit a copy of the curriculum and a letter from the program sponsor verifying the length and date of the presentation.</p>	<p>Three hours may be earned for each 60 minutes of presentation.</p> <p>A maximum of 10 hours may be earned in each renewal period.</p>
(f)	<p>Fieldwork supervision that is not part of the applicant's primary job description.</p> <p>If audited, an applicant shall submit a copy of a letter of verification or certificate from school including dates of fieldwork and name of fieldwork student.</p>	<p>Level I: One hour for all supervision activities may be earned per student.</p> <p>Level II: One hour may be earned for each week of supervision per student supervised.</p> <p>A maximum of 12 hours may be earned in each renewal period.</p>
(g)	<p>Participating on a state or national board, or board of a local chapter or association or committee, or volunteering related to the field of occupational therapy. A state or national board, or board of a local chapter or association is considered acceptable by the board if it enhances the participant's knowledge and understanding of the field of occupational therapy.</p> <p>If audited, an applicant shall submit documentation verifying the licensee's participation in at least 50% of the regularly scheduled meetings of the board.</p>	<p>A maximum of 10 hours of continuing education may be earned for this activity in each renewal period.</p> <p>Attendance at a meeting equals 1 credit hour of continuing education.</p> <p>Attendance at a volunteering activity equals 1 credit hour of continuing education.</p>
(h)	<p>Primary or co-primary investigator in research activities or outcome studies, or externally funded service training projects associated with grants or post-graduation studies related to the field of occupational therapy.</p>	<p>A maximum of 10 hours of continuing education may be earned in each renewal period.</p>
(i)	<p>Completion of competency assessment or knowledge skills assessment activities, or both, either online or in person by an approved provider or employer.</p> <p>If audited, an applicant shall submit</p>	<p>A maximum of 10 hours may be earned in each renewal period.</p>

	documentation to include a certificate of completion or similar document including name, activity, date, sponsoring organization, location and time attended.	
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ADMINISTRATIVE RULES

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

DIRECTOR'S OFFICE

ACCOUNTANCY – GENERAL RULES

Filed with the secretary of state on May 5, 2021

These rules take effect immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a(6) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.

(By authority conferred on the department of licensing and regulatory affairs by sections 205, 308, 721, 725, 726, 728, and 729 of the occupational code, 1980 PA 299, MCL 339.205, 339.308, 339.721, 339.725, 339.726, 339.728, and 339.729, and Executive Reorganization Order Nos. 1991-9, 1996-2, 2003-1, 2008-4, and 2011-4, MCL 338.3501, 445.2001, 445.2011, 445.2025, and 445.2030)

R 338.5101, R 338.5102, R 338.5110a, R 338.5115, R 338.5116, R 338.5210, R 338.5215, and R 338.5230 of the Michigan Administrative Code are amended, and R 338.5110 and R 338.5112 are rescinded, as follows:

PART 1. GENERAL PROVISIONS

R 338.5101 Definitions.

Rule 101. (1) As used in these rules:

- (a) "Act" means the occupational code, 1980 PA 299, MCL 339.101 to 339.2677.
- (b) "Audit" or "examination" means an examination applying generally accepted auditing standards, including any procedure undertaken to verify or test the reasonableness of financial information with a view of expressing an opinion or commenting on the fairness of the presentation.
- (c) "Board" means the Michigan board of accountancy created under section 721 of the act, MCL 339.721.
- (d) "Continuing education period" means all or part of a year beginning July 1 and ending June 30.
- (e) "Continuous instruction" means education time not including breakfast, lunch, or dinner periods, coffee breaks, or any other breaks in the program.
- (f) "Disclose" means to provide a written communication from a Certified Public Accountant (CPA) or a CPA firm informing the client, prior to making a recommendation or referral, that the CPA or CPA firm will receive a commission, referral fee, or contingency fee from a third party for recommendations or referrals of products or services, or both.
- (g) "Enterprise" means a person, persons, or entity for which an individual licensee, a firm licensee, an individual with practice privileges, or an out-of-state firm performs professional services.
- (h) "Financial statements" means statements and related footnotes that show financial position, results of operations, and cash flows on the basis of generally accepted accounting principles or another comprehensive basis of accounting. The term does not include incidental financial data included in

management advisory services reports to support recommendations to a client and does not include tax returns and supporting schedules of tax returns.

(i) "Generally accepted accounting principles" means accounting principles of professional conduct, promulgated by the applicable nationally or internationally recognized professional standard setting organization, related to individual accounting engagements.

(j) "Generally accepted auditing standards" means the standards of professional conduct, promulgated by the applicable nationally or internationally recognized professional standard setting organization, related to individual audit engagements.

(k) "Individual with practice privileges" means an individual who practices in this state under section 727a of the act, MCL 339.727a.

(l) "Nano-learning program" means a tutorial program designed to permit a participant to learn a given subject in a 10-minute time frame through the use of electronic media and without interaction with a real-time instructor.

(m) "Out-of-state firm" means a firm that is permitted to provide certain services and use the title "CPA firm" without obtaining a Michigan firm license under section 728 of the act, MCL 339.728, under the conditions in section 728(4) and (5) of the act, MCL 339.728.

(n) "Professional engagement" means an agreement between a client and an individual licensee, a firm licensee, an individual with practice privileges, or an out-of-state firm relative to the performance of professional services.

(o) "Professional services" means any services performed or offered to be performed by an individual licensee, a firm licensee, an individual with practice privileges, or an out-of-state firm for a client in the course of the practice of public accounting, under section 720 of the act, MCL 339.720.

(p) "Qualifying hours" means continuing education hours that satisfy part 3 of these rules.

(2) A term defined in the act has the same meaning when used in these rules.

R 338.5102 Standards of professional practice adopted by reference.

Rule 102. (1) The following standards are adopted by reference:

(a) The standards issued by the American Institute of CPAs (AICPA), 220 Leigh Farm Road, Durham, North Carolina, 27707, set forth in the publication "AICPA Professional Standards" updated June 1, 2020, and any statements issued as of the effective date of this rule, which are available at a cost of \$249.00 from the institute's website at <http://www.aicpa.org>.

(b) The standards issued by the Public Company Accounting Oversight Board (PCAOB), 1666 K Street NW, Washington, District of Columbia, 20006, set forth in the publication entitled "PCAOB Standards and Related Rules" 2020 edition, and any updates issued as of the effective date of this rule, which are available at no cost from the AICPA at <http://www.aicpa.org>.

(c) The auditing standards issued by the Government Accountability Office, 441 G. St., NW, Washington, District of Columbia, 20548, in the publication entitled "Government Auditing Standards 2018 Revision" issued on July 17, 2018, which are available at no cost on the Office's website at <https://www.gao.gov/assets/700/693136.pdf>.

(d) The auditing standards issued by the International Auditing and Assurance Standards Board (IAASB), 529 5th Avenue, New York, New York, 10017, in the publication entitled "2018 Handbook of International Quality Control, Auditing, Review, Other Assurance, and Related Pronouncements" issued on December 17, 2018, and any related pronouncements issued as of the effective date of this rule, which are available at no cost from the IAASB's website at <https://www.iaasb.org/publications/2018-handbook-international-quality-control-auditing-review-other-assurance-and-related-services-26>.

(e) The accounting standards issued by the Financial Accounting Standards Board

(FASB), 401 Merritt 7, P.O. Box 5116, Norwalk, Connecticut, 06856, in the publication entitled “FASB Accounting Standards Codification” as of July 20, 2020, and any updates published as of the effective date of this rule, which are available at no cost from the board’s website at <https://asc.fasb.org>.

(f) The accounting standards issued by the Governmental Accounting Standards Board (GASB), 407 Merritt 7, P.O. Box 5116, Norwalk, Connecticut, 06856, in the publication entitled “GASB Codification” as of June 30, 2019, and any pronouncements published as of the effective date of this rule, which are available at a cost of \$132.00 from the board’s website at <http://gasb.org>.

(g) The accounting standards issued by the International Accounting Standards Board, 30 Cannon Street, London EC4M 6XH, United Kingdom, in the publication entitled “2018 International Financial Reporting Standards IFRS® (Red Book)” and any pronouncements issued as of the effective date of this rule, which are available at a cost of £78.00 from the board’s website at <http://www.ifrs.org>.

(h) The United States Securities and Exchange Commission (SEC) rules contained in 17 CFR chapter 2 and the SEC’s Interpretative Releases and Policy Statements issued as of the effective date of this rule. The SEC rules may be obtained free of charge at <http://www.ecfr.gov>. The SEC’s Interpretative Releases and Policy Statements may be obtained free of charge at <https://www.sec.gov>.

(2) Copies of the standards adopted in this rule are available for inspection and distribution at the cost of 10 cents per page from the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, 611 W. Ottawa Street, P.O. Box 30670, Lansing, Michigan, 48909.

(3) A licensee shall satisfy the applicable standards adopted in subrule (1) of this rule.

R 338.5110 Rescinded.

PART 2. LICENSURE REQUIREMENTS

R 338.5110a Uniform CPA exam procedures.

Rule 110a. The following procedures apply to the uniform CPA exam:

- (a) Applicants may take the required exam sections individually and in any order.
- (b) Applicants shall pass all sections of the exam within a rolling 18-month period beginning on the date that the first section is passed. If all sections are not passed within the rolling 18-month period, then credit for any section passed outside the 18-month period expires and must be retaken.
- (c) The department may extend the rolling 18-month period under subdivision (b) of this rule due to the sickness of the candidate or a member of the candidate’s immediate family if substantiated by a doctor’s certificate or if the candidate provides the department with proof of a death in the candidate’s immediate family, temporary military service, or another good reason acceptable to the department. A candidate shall make a request for an extension within 90 days of the date of the exam. If extended, an applicant’s exam does not count as a failure to write the exam.
- (d) The department or the entity contracted with the department to administer the exam may permit a candidate to sit for the exam in another state if the candidate complies with all the requirements for sitting for the exam under these rules.
- (e) The department grants a candidate credit for exam grades of 75 or higher earned in another state if the candidate satisfies the educational requirements to sit for the exam and if the board determines the exam was equivalent to the exam provided by the department.
- (f) An applicant may retake an exam section once the applicant’s grade for any previous attempt of the same exam section has been released.

R 338.5112 Rescinded.

R 338.5115 Educational requirements for uniform CPA exam; approved educational institutions; adoption of accreditation standards by reference.

Rule 115. (1) To satisfy section 725(1)(b) and (2) of the act, MCL 339.725, an individual shall supply proof of both of the following:

(a) Completion of a curriculum required for a baccalaureate degree consisting of not less than 120 semester hours at a higher education institution approved under subrule (3) of this rule or considered substantially equivalent under subrule (4) of this rule.

(b) Completion of a concentration in accounting at a higher education institution approved under subrule (3) of this rule or considered substantially equivalent under subrule (4) of this rule, that includes all the accounting and general business subjects under subrule (2) of this rule.

(2) A concentration in accounting must include all the following accounting and general business subjects:

(a) Auditing: 3 semester hours.

(b) Twenty-four semester hours of general business subjects, other than accounting, that may include study in any of the following subjects:

(i) Business communications.

(ii) Business ethics.

(iii) Business law.

(iv) Economics.

(v) Finance.

(vi) Management.

(vii) Marketing.

(viii) Information systems or technology.

(ix) Quantitative methods.

(x) Statistics.

(xi) Other subjects approved by the department.

(c) Twenty-one semester hours of accounting principles that must include study in each of the following areas:

(i) Financial accounting and accounting theory.

(ii) Managerial accounting, including cost accounting.

(iii) Accounting systems and controls.

(iv) Taxation.

(v) Governmental/fund accounting.

(3) The board adopts by reference the procedures and criteria for recognizing accrediting agencies of the United States Department of Education, effective July 1, 2010, as contained in 34 CFR part 602, and the policies and procedures for recognition of accrediting organizations of the Council of Higher Education Accreditation (CHEA), effective June 28, 2019. The federal recognition criteria may be obtained from the United States Department of Education, Office of Postsecondary Education, 400 Maryland Avenue, SW, Washington, District of Columbia, 20202 and are available at no cost at <http://www.ecfr.gov>. The policies and procedures may be obtained from CHEA, One Dupont Circle NW, Suite 510, Washington, DC 20036 and are available at no cost at <http://www.chea.org>.

(4) An individual who attended an unaccredited higher education institution shall establish that he or she has completed educational requirements at a higher education institution that satisfies accreditation requirements substantially equivalent to those recognized in subrule (3) of this rule by providing a

credential evaluation completed by either the National Association of State Boards of Accountancy (NASBA) or a credential evaluation organization that is a current member organization of the National Association of Credential Evaluation Services (NACES).

(5) Copies of the standards and criteria adopted by reference in this rule are available for inspection and distribution at the cost of 10 cents per page from the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, 611 W. Ottawa Street, P.O. Box 30670, Lansing, Michigan, 48909.

R 338.5116 Educational requirements for certificate of certified public accountant.

Rule 116. (1) To satisfy section 725(1)(e) of the act, MCL 339.725, an individual shall supply proof of all the following to the department:

(a) Completion of at least 150 semester hours at a higher education institution approved under R 338.5115(3) or considered substantially equivalent under R 338.5115(4).

(b) Completion of a baccalaureate degree or higher degree from a higher education institution approved under R 338.5115(3) or considered substantially equivalent under R 338.5115(4).

(c) Completion of a concentration in accounting under R 338.5115(1)(b) and R 338.5115(2) at a higher education institution approved under R 338.5113(3) or considered substantially equivalent under R 338.5115(4).

(2) A person may earn credit only once for an accounting or general business topic. If the department determines that 2 courses are duplicative, then only the semester hours of the first course are counted toward the semester hour requirement.

PART 3. CONTINUING EDUCATION

R 338.5210 License renewals; continuing education requirements; applicability; continuing education waiver; reciprocity.

Rule 210. (1) This part applies to applications for renewal of an accountancy license under sections 411 and 729 of the act, MCL 339.411 and 339.729. An applicant for renewal shall submit the required fee and a completed application on a form provided by the department. Both of the following apply:

(a) Under section 729(1) of the act, MCL 339.729, an applicant for renewal who is a nonresident licensee as defined under section 720(1)(g) of the act, MCL 339.720, is considered to have met the requirements under this part if he or she satisfies all of the following requirements:

(i) Submits the required fee and a completed application on a form provided by the department.

(ii) The state in which his or her principal place of business is located requires continuing education for renewal of that state's accountancy license.

(iii) Has met the continuing education requirements of the state in which his or her principal place of business is located.

(b) If audited, the applicant shall provide a copy of the license that was renewed by the state in which his or her principal place of business is located.

(2) Submission of an application for renewal constitutes the applicant's certification of compliance with the requirements of this rule. Both of the following apply:

(a) An applicant shall retain documentation required by R 338.5215 as proof of satisfying the requirements under this rule for 4 years from the date of applying for license renewal.

(b) A licensee is subject to audit under this part and may be required to submit the documentation as described by R 338.5215 upon request of the department.

(3) A request for a continuing education waiver under section 204(2) of the act, MCL 339.204, must be received by the department before the expiration date of the license.

R 338.5215 Acceptable continuing education; requirements; limitations.

Rule 215. (1) The continuing education hours required for renewal must satisfy the following requirements:

Acceptable Continuing Education		
	Activity and proof of completion	Number of continuing education hours earned for the Activity
(a)	<p>Attendance in a group program that satisfies all the following requirements:</p> <ul style="list-style-type: none"> The subject matter of the program complies with R 338.5255. The program is conducted by an instructor or discussion leader whose background, training, education, or experience makes it appropriate for him or her to lead a discussion on the subject matter. The sponsor of the program takes individual attendance. The sponsor of the program issues to each attendee a program outline and a written certification of the attendee's hours of attendance. The sponsor of the program maintains written records of individual attendance and the program outline for 4 years. <p>If audited, a licensee shall submit a copy of a letter or certificate of completion showing the licensee's name, total continuing education hours earned, sponsor name and contact information, course title, course field of study, date offered or completed, and type of instruction or delivery method used.</p>	<p>Fifty minutes of continuous instruction equals 1 continuing education hour.</p> <p>Additional credit is granted after the first 50 minutes for continuous instruction in the following amounts:</p> <ul style="list-style-type: none"> One-half credit (0.5 credit) for every additional 25 minutes. One-fifth credit (0.2 credit) for every additional 10 minutes.
(b)	<p>Completion of an individual nano-learning program that satisfies all the following requirements:</p> <ul style="list-style-type: none"> The subject matter of the program complies with R 338.5255. The program is an educational course designed for nano-learning delivery. The program uses instructional methods that define a minimum of 1 learning objective. The program guides the participant through a 	<p>Credit is awarded as 1/5 credit (0.2 credit) for each nano-learning program completed.</p> <p>A nano-learning course cannot be combined with another nano-learning course.</p> <p>A combined maximum of</p>

	<p>program of learning and provides proof of a participant's satisfactory completion of the program.</p> <ul style="list-style-type: none"> • The sponsor requires the participant to successfully complete a qualified assessment with a passing grade of 100% before issuing credit for the course. • The sponsor of the program issues the participants a written certification of the participants' completion of the program and a program outline. • The sponsor of the program maintains written records of the participant's completion of the program and the program outline for 4 years. <p>If audited, the licensee shall submit a copy of a letter or certificate of completion provided by the program sponsor verifying the licensee's name, number of continuing education hours earned, sponsor name and contact information, course title, course field of study, date completed, and type of instruction or delivery method used.</p>	<p>20 continuing education hours may be earned under this activity and activity (f) during each continuing education period.</p>
(c)	<p>Passing a noncredit academic course that satisfies both of the following requirements:</p> <ul style="list-style-type: none"> • The subject matter of the course complies with R 338.5255. • The course is offered by an educational institution that complies with R 338.5115. <p>If audited, the licensee shall submit a letter from the institution confirming the name and course number of the course completed, number of classroom hours attended, and the date of satisfactory course completion.</p>	<p>Each 50 minutes of continuous instruction equals 1 continuing education hour.</p>
(d)	<p>Passing a for-credit academic course that satisfies both of the following requirements:</p> <ul style="list-style-type: none"> • The subject matter of the course complies with R 338.5255. • The course is offered by an educational institution that complies with R 338.5115. <p>If audited, the licensee shall submit a copy of an official transcript or a letter from the institution confirming the name and course number of the course completed, credit hours earned, and date of</p>	<p>Fifteen continuing education hours are granted for each academic credit hour.</p>

	satisfactory course completion.	
(e)	<p>Classroom work as a teacher, instructor, speaker, or lecturer that is part of an academic course of which the subject matter complies with R 338.5255 and is offered at an educational institution that complies with R 338.5115 or conducting a group program that satisfies the requirements under activity (a) as a teacher, instructor, lecturer, speaker, or seminar discussion leader.</p> <p>If audited, the licensee shall submit a copy of the confirmation letter provided by the program sponsor or the institution verifying the licensee's name, number of hours of classroom work or hours spent conducting the group program, course title, course field of study, and dates of the presentation or instruction.</p>	<p>Three continuing education hours are granted for every 50 minutes of continuous instruction.</p> <p>A maximum of 20 continuing education hours may be earned during each continuing education period.</p>
(f)	<p>Completion of an individual self-study program that satisfies all the following requirements:</p> <ul style="list-style-type: none"> • The subject matter of the program complies with R 338.5255. • The program is an educational course designed for self-study. • The sponsor of the program issues the participants a written certification of the participant's completion of the program and a program outline. • The sponsor of the program maintains written records of the participant's completion of the program and the program outline for 4 years. <p>If audited, the licensee shall submit a copy of a letter or certificate of completion provided by the program sponsor verifying the licensee's name, number of continuing education hours earned, sponsor name and contact information, course title, course field of study, date completed, and type of instruction or delivery method used.</p>	<p>Twenty-five minutes of continuous instruction equals ½ (0.5 credit) of 1 continuing education hour.</p> <p>One-fifth (0.2 credit) of 1 continuing education hour is granted for every additional 10 minutes of continuous instruction after the first 25 minutes of continuous instruction.</p> <p>A combined maximum of 20 continuing education hours may be earned under this activity and activity (b) during each continuing education period.</p>
(g)	<p>A course in professional ethics that complies with the requirements of activity (a), (b), (c), (d), (e), or (f) is approved if the subject matter of the course complies with R 338.5255(2).</p> <p>If audited, the licensee shall submit a copy of a letter or certificate of completion provided by the program sponsor verifying the licensee's name, number of</p>	<p>Continuing education hours are granted in an amount allowed under the type of activity for which the course qualifies.</p>

	continuing education hours earned, sponsor name and contact information, course title, course field of study, date completed, and type of instruction or delivery method used.	
(h)	<p>Completion of a course in Michigan statutes and administrative rules applicable to public accountancy that satisfies all the following requirements:</p> <ul style="list-style-type: none"> • The content of the course is created by the Michigan Association of Certified Public Accountants. • The course provider issues the participants a written certification of the participant's completion of the course and a course outline. • The sponsor of the program maintains written records of the participant's completion of the course and the course outline for 4 years. <p>If audited, the licensee shall submit a copy of a letter or certificate of completion provided by the program sponsor verifying the licensee's name, number of continuing education hours earned, sponsor name and contact information, course title, course field of study, date completed, and type of instruction or delivery method used.</p>	Fifty minutes of continuous instruction equals 1 continuing education hour.

(2) Continuing education hours are not granted for a program or activity that has substantially the same content of a program or activity for which the applicant has already earned continuing education hours during the continuing education period.

R 338.5230 Relicensure; continuing education.

Rule 230. (1) An applicant for relicensure whose license has lapsed for less than 3 years after the expiration date of the last license may be relicensed under section 411(3) of the act, MCL 339.411(3), if the applicant satisfies both of the following requirements:

(a) Submits the required fee and a completed application on a form provided by the department.

(b) Submits proof to the department of the completion of 40 hours of continuing education within the 12 months immediately preceding the date of filing the relicensure application. However, if the continuing education hours submitted with the application are deficient, the application will be held by the department and the applicant shall provide proof of completing the deficient hours within 1 year of the date of filing the relicensure application. The 40 hours must satisfy all the following requirements:

(i) Satisfy the requirements of R 338.5215.

(ii) Eight of the 40 hours are in auditing and accounting.

(iii) Two of the 40 hours are in professional ethics.

(iv) One of the 2 hours is in professional ethics that satisfies the requirements under R

338.5215(1)(h).

(2) An applicant whose license has been lapsed for 3 or more years after the expiration date of the last license may be relicensed under section 411(4) of the act, MCL 339.411(4), if the applicant satisfies all of the following requirements:

- (a) Submits the required fee and a completed application on a form provided by the department.
- (b) Establishes that he or she holds a valid and unrevoked certificate as a certified public accountant that was issued under section 725 or 726 of the act, MCL 339.725 and 339.726.
- (c) Submits proof to the department of the completion of 40 hours of continuing education within the 12 months immediately preceding the date of filing the relicensure application. However, if the continuing education hours submitted with the application are deficient, the applicant has 1 year from the date of filing the application to provide proof of completing the deficient hours. The 40 hours must satisfy all the following requirements:
 - (i) Satisfy the requirements of R 338.5215.
 - (ii) Eight of the 40 hours are in auditing and accounting.
 - (iii) Two of the 40 hours are in professional ethics.
 - (iv) One of the 2 hours is in professional ethics that satisfies the requirements under R 338.5215(1)(h).
- (3) The continuing education hours required for the continuing education period of the year in which the license is granted under this rule are prorated starting with the month following the date of relicensure.
- (4) The department shall not calculate the period of a lapsed license based on a current or lapsed registration. A registrant whose license has lapsed for less than 3 years shall satisfy the requirements under subrule (1) of this rule. A registrant whose license has lapsed for 3 years or more shall satisfy the requirements under subrule (2) of this rule.

ADMINISTRATIVE RULES

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

DIRECTOR'S OFFICE

COUNSELING - GENERAL RULES

Filed with the secretary of state on May 5, 2021

These rules take effect immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a(6) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.

(By authority conferred on the director of the department of licensing and regulatory affairs by sections 16141, 16145, 16148, 16201, 18101, 18106, 18107, and 18111 of the public health code, 1978 PA 368, MCL 333.16141, 333.16145, 333.16148, 333.16201, 333.18101, 333.18106, 333.18107, and 333.18111, and Executive Reorganization Order Nos. 1991-9, 1996-2, 2003-1, 2008-4, and 2011-4, MCL 338.3501, 445.2001, 445.2011, 445.2025, and 445.2030)

R 338.1751 of the Michigan Administrative Code is amended, R 338.1761, R 338.1763, R 338.1765, R 338.1771, R 338.1772, R 338.1773, R 338.1774, R 338.1775, R 338.1776, and R 338.1781 are added, and R 338.1751a, R 338.1752, R 338.1752a, R 338.1753, R 338.1753a, R 338.1753b, R 338.1753c, R 338.1754, R 338.1755, and R 338.1757 are rescinded, as follows:

PART 1. GENERAL PROVISIONS

R 338.1751 Definitions.

Rule 1. (1) As used in these rules:

(a) "Board" means the Michigan board of counseling created under section 18103 of the code, MCL 333.18103.

(b) "Code" means the public health code, 1978 PA 368, MCL 333.1101 to 333.25211.

(c) "Department" means the department of licensing and regulatory affairs.

(d) "Supervision" means the term as defined in section 16109(2) of the code, MCL 333.16109.

(e) "Supervisor" means a licensed professional counselor who received training in the function of counseling supervision, as specified in R 338.1781.

(f) "Under the supervision of a licensed professional counselor" means under the ongoing supervision of a licensed professional counselor licensed in this state who meets the requirements of a supervisor or under the ongoing supervision of an individual in another state who substantially meets the requirements for a professional counselor license and counseling supervisor in this state.

(2) A term defined in the code has the same meaning when used in these rules.

R 338.1751a Rescinded.

R 338.1752 Rescinded.

R 338.1752a Rescinded.

R 338.1753 Rescinded.

R 338.1753a Rescinded.

R 338.1753b Rescinded.

R 338.1753c Rescinded.

R 338.1754 Rescinded.

R 338.1755 Rescinded.

R 338.1757 Rescinded.

PART 2. EDUCATION

R 338.1761 Accreditation standards; higher education institutions; adoption by reference.

Rule 61. (1) A higher education institution is considered approved if it is accredited by the accrediting body of the region in which the institution is located and the accrediting body satisfies either the recognition standards and criteria of the Council for Higher Education Accreditation (CHEA) or the recognition procedures and criteria of the United States Department of Education.

(2) The recognition standards and criteria of CHEA, effective September 24, 2018, and the procedures and criteria for recognizing accrediting agencies of the United States Department of Education, effective July 1, 2010, as contained in 34 CFR 602.10 to 602.38, are adopted by reference. Copies of the standards and criteria of CHEA and the United States Department of Education are available for inspection and distribution at a cost of 10 cents per page from the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, 611 West Ottawa Street, P.O. Box 30670, Lansing, Michigan 48909.

(3) The CHEA recognition standards also may be obtained from the Council for Higher Education Accreditation, One Dupont Circle NW, Suite 510, Washington, District of Columbia 20036-1110, or from the council's website at <http://www.chea.org> at no cost. The federal recognition criteria may be obtained from the United States Department of Education Office of Postsecondary Education, 1990 K

Street, NW, Washington, District of Columbia 20006 or from the department's website at <http://www.ed.gov/about/offices/list/OPE/index.html> at no cost.

R 338.1763 Accreditation standards; counselor training programs; adoption by reference.

Rule 63. (1) The standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP) for accrediting master's-level counseling degree programs and doctoral-level counseling or counselor education and supervision programs, as set forth in the document entitled "Council for Accreditation of Counseling and Related Educational Programs (CACREP), 2016 Standards," are approved and adopted by reference. Copies of CACREP's standards are available for inspection and distribution at a cost of 10 cents per page from the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, 611 West Ottawa Street, P.O. Box 30670, Lansing, Michigan 48909. Copies of the standards are available at no cost from the website for CACREP at <http://www.cacrep.org>.

(2) The standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP) for accrediting master's-level counseling degree programs and doctoral-level counseling or counselor education and supervision programs, as set forth in the document entitled "Council for Accreditation of Counseling and Related Educational Programs (CACREP), 2009 Standards," are approved and adopted by reference. Copies of CACREP's standards are available for inspection and distribution at a cost of 10 cents per page from the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, 611 West Ottawa Street, P.O. Box 30670, Lansing, Michigan 48909. Copies of the standards are available at no cost from the website for CACREP at <http://www.cacrep.org>.

R 338.1765 Counselor educational training requirements.

Rule 65. A counselor educational training program is considered approved if it is conducted in a higher education institution that satisfies the standards in R 338.1761 and satisfies 1 of the following requirements:

(a) A program is accredited under the standards approved and adopted under R 338.1763(1) or (2).

(b) For a program that does not satisfy the requirements of subdivision (a) of this rule, proof of satisfying 1 of the following requirements is required:

(i) For applicants who entered a program on or before June 30, 2023, the program must consist of not less than 48 semester hours or 72 quarter hours in a graduate-level degree granting program. The program must include graduate coursework and training in the diagnosis and treatment of mental and emotional disorders and all other coursework requirements of CACREP, including a practicum and an internship. The applicant shall bear the expense of a program evaluation to determine whether his or her educational program was substantially equivalent to a program that satisfies the standards adopted under R 338.1763(1) or (2). The evaluation must be completed by 1 of the following entities:

(A) The Center for Credentialing and Education, Inc. (CCE), located at the website <http://cce-global.org>.

(B) A credential evaluation organization that is a current member organization of the National Association of Credential Evaluation Services (NACES), located at the website <http://www.naces.org>.

(ii) For applicants who entered a program on or after July 1, 2023, the program must consist of not less than 60 semester hours or 90 quarter hours in a graduate-level degree granting program. The program must include graduate coursework and training in the diagnosis and treatment of mental and emotional disorders and all other coursework requirements of CACREP, including a practicum and an internship. The applicant shall bear the expense of a program evaluation to determine whether his or her

educational program was substantially equivalent to a program that satisfies the standards adopted under R 338.1763(1) or (2). The evaluation must be completed by 1 of the following entities:

(A) The CCE, located at the website <http://cce-global.org>.

(B) A credential evaluation organization that is a current member organization of NACES, located at the website <http://www.naces.org>.

PART 3. LICENSURE

R 338.1771 Training standards for identifying victims of human trafficking; requirements.

Rule 71. (1) Under section 16148 of the code, MCL 333.16148, an individual seeking licensure or registration or who is licensed or registered shall complete training in identifying victims of human trafficking that satisfies the following standards:

(a) Training content must cover all of the following:

(i) Understanding the types and venues of human trafficking in the United States.

(ii) Identifying victims of human trafficking in health care settings.

(iii) Identifying the warning signs of human trafficking in health care settings for adults and minors.

(iv) Resources for reporting the suspected victims of human trafficking.

(b) Acceptable providers or methods of training include any of the following:

(i) Training offered by a nationally recognized or state-recognized health-related organization.

(ii) Training offered by, or in conjunction with, a state or federal agency.

(iii) Training obtained in an educational program that has been approved for initial licensure or registration, or by a college or university.

(iv) Reading an article related to the identification of victims of human trafficking that satisfies the requirements of subdivision (a) of this subrule and is published in a peer review journal, health care journal, or professional or scientific journal.

(c) Acceptable modalities of training include any of the following:

(i) Teleconference or webinar.

(ii) Online presentation.

(iii) Live presentation.

(iv) Printed or electronic media.

(2) The department may select and audit a sample of individuals and request documentation of proof of completion of training. If audited by the department, an individual shall provide an acceptable proof of completion of training, including either of the following:

(a) Proof of completion certificate issued by the training provider that includes the date, provider name, name of training, and individual's name.

(b) A self-certification statement by an individual. The certification statement must include the individual's name and either of the following:

(i) For training completed under subrule (1)(b)(i) to (iii) of this rule, the date, training provider name, and name of training.

(ii) For training completed under subrule (1)(b)(iv) of this rule, the title of article, author, publication name of peer review journal, health care journal, or professional or scientific journal, and date, volume, and issue of publication, as applicable.

(3) Under section 16148 of the code, MCL 333.16148, the requirements specified in subrule (1) of this rule apply for license renewals beginning with the 2016 renewal cycle and for initial licenses issued after March 17, 2021.

R 338.1772 Application requirements; limited licenses; disclosure of supervision requirement.

Rule 72. An applicant for licensure as a limited licensed professional counselor shall submit a completed application on a form provided by the department, together with the requisite fee, and the professional disclosure statement required under the code. In addition to satisfying the requirements of the code, an applicant shall satisfy the following requirements:

(a) Establish that he or she has received a master's or doctoral degree in a program approved under R 338.1765.

(b) Submit a professional disclosure statement with the application for a limited license, as required under section 18113(3) of the code, MCL 333.18113. The limited licensed professional counselor's professional disclosure statement, when provided to the client, must state that the limited licensed professional counselor shall practice under the supervision of a licensed professional counselor. In addition to the requirements under section 18113 of the code, MCL 333.18113, the disclosure statement must identify the licensed professional counselor who is supervising the limited licensed professional counselor's practice.

(c) Provide for his or her license to be verified, on a form provided by the department, by the licensing agency of any state in which the applicant holds a current license or ever held a license as a professional counselor. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed upon the applicant.

R 338.1773 Examination adoption.

Rule 73. (1) The National Counselor Examination for Licensure and Certification (NCE) developed by the National Board for Certified Counselors (NBCC) is approved and adopted. The passing score for the NCE is the passing score established by the NBCC.

(2) The certified rehabilitation counselor examination developed by the Commission on Rehabilitation Counselor Certification (CRCC) is approved and adopted. The passing score on the certified rehabilitation counselor examination is the passing score established by the CRCC.

(3) The National Clinical Mental Health Counseling Examination (NCMHCE) developed by the NBCC is approved and adopted. The passing score for the NCMHCE is the passing score established by the NBCC.

R 338.1774 Application requirements; licensure by examination.

Rule 74. (1) An applicant for a professional counselor license shall submit a completed application on a form provided by the department, together with the requisite fee, and the professional disclosure statement required under the code. In addition to satisfying the requirements of the code, an applicant shall satisfy all of the following requirements:

(a) Establish that he or she has received a master's or doctoral degree in a program approved under R 338.1765.

(b) Have engaged in the practice of counseling under section 18101(d) of the code, MCL 333.18101, which practice involved an opportunity to work with a broad range of the population and which was conducted in an organized education, business, health, private practice, or human services setting under the supervision of a licensed professional counselor for either of the following periods of time, as applicable:

(i) For an applicant who has completed a master's degree, not less than 3,000 hours accrued in not less than a 2-year period, with not less than 100 hours of regularly scheduled supervision accrued in the

immediate physical presence of the supervisor. Of the 100 hours, no more than 25 hours may be accrued via 2-way real-time audiovisual technology that allows direct, contemporaneous interaction by sight and sound between the supervisor and the supervisee. The supervision begins upon the issuance of the limited license and continues until the licensed professional counselor license is issued.

(ii) For an applicant who has completed a doctoral degree, not less than 1,500 hours accrued over not less than a 1-year period, with not less than 50 hours of regularly scheduled supervision accrued in the immediate physical presence of the supervisor. Of the 50 hours, no more than 15 hours may be accrued via 2-way real-time audiovisual technology that allows direct, contemporaneous interaction by sight and sound between the supervisor and the supervisee. The supervision begins upon the issuance of the limited license and continues until the licensed professional counselor license is issued.

(c) Have passed an examination approved and adopted under either R 338.1773(1), (2), or (3).

(2) For practice experience gained in Michigan, an applicant shall have held a limited license under R 338.1772, while accruing the experience.

R 338.1775 Application requirements; licensure by endorsement.

Rule 75. (1) In addition to satisfying the requirements of the code, an applicant for a professional counselor license by endorsement shall submit a completed application on a form provided by the department, together with the requisite fee.

(2) If an applicant was licensed as a professional counselor in another state for a minimum of 5 years before the date of filing an application for Michigan licensure, then it is presumed that the applicant satisfies the requirements of section 16186(1)(a) and (b) of the code, MCL 333.16186. In addition, an applicant shall satisfy both of the following requirements:

(a) Submit a professional disclosure statement with the application for licensure, as required under section 18113(3) of the code, MCL 333.18113.

(b) Provide for his or her license to be verified, on a form provided by the department, by the licensing agency of any state in which the applicant holds a current license or ever held a license as a professional counselor. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed upon the applicant.

(3) If an applicant was licensed as a professional counselor in another state for less than 5 years before the date of filing an application for Michigan licensure, then the applicant shall satisfy the requirements for licensure by examination, as specified under R 338.1774, and shall satisfy both of the following requirements:

(a) Submit a professional disclosure statement with an application for licensure, as required under section 18113(3) of the code, MCL 333.18113.

(b) Provide for his or her license to be verified, on a form provided by the department, by the licensing agency of any state in which the applicant holds a current license or ever held a license as a professional counselor. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed upon the applicant.

R 338.1776 License renewal; requirements.

Rule 76. (1) An applicant for license renewal who has been licensed for the 3-year period immediately preceding the application for renewal shall submit the required fee and a completed application on a form provided by the department.

(2) Effective January 1, 2012, a limited license may be renewed annually, but for no more than 10 years. In cases of hardship, the department in consultation with the board may consider a request for an

extension of this time period. Relicensure of the limited license is counted the same as renewal for the purposes of this subrule.

PART 4. SUPERVISOR TRAINING

R 338.1781 Requirements to provide counseling supervision.

Rule 81. (1) Before providing counseling supervision, a licensed professional counselor shall satisfy 1 of the following requirements:

(a) Began providing supervision on or before January 1, 2013, completed training in the function of counseling supervision, and acquired at least 3 years post-master's practice in counseling.

(b) Began providing supervision after January 1, 2013, completed training in the function of counseling supervision that complies with the requirements of subrule (2) of this rule, and acquired at least 3 years of post-master's practice in counseling.

(c) Begins providing supervision 1 year after promulgation of this rule, completes training in the function of counseling supervision that complies with the requirements of subrule (2) of this rule, and acquires at least 5 years of post-master's practice in counseling.

(d) Currently holds the Approved Clinical Supervisor (ACS) credential from the CCE.

(2) Training in the function of counseling supervision must include both of the following requirements:

(a) Specialized training that includes 1 of the following:

(i) Two semester hours of graduate credit in training in counseling supervision.

(ii) Thirty contact hours of workshop training in counseling supervision.

(b) The specialized training specified in subdivision (2)(a) of this rule must include studies in all of the following topics:

(i) Roles and functions of counseling supervisors.

(ii) Models of counseling supervision.

(iii) Mental health-related professional development.

(iv) Methods and techniques in counseling supervision.

(v) Supervisory relationship issues.

(vi) Cultural issues in supervision.

(vii) Group supervision.

(viii) Legal and ethical issues in counseling supervision.

(ix) Evaluation of supervisee and the supervision process.

(3) Before the onset of supervision, a licensed professional counselor shall provide a supervisee with a written statement that addresses the licensee's supervising qualifications, including how the licensee complies with the requirements in subrules (1) and (2) of this rule.

(4) A licensee who provides counseling supervision shall keep ongoing documentation including, but not limited to, performance and clinical notes, for each supervisee on the supervision being provided.

ADMINISTRATIVE RULES

DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY

DIRECTOR'S OFFICE

GENERAL INDUSTRY SAFETY AND HEALTH STANDARD

Filed with the secretary of state on May 6, 2021

These rules take effect immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a(6) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.

(By authority conferred on the director of the department of labor and economic opportunity by sections 14 and 24 of the Michigan occupational safety and health act, 1974 PA 154, MCL 408.1014 and 408.1024, and Executive Reorganization Order Nos. 1996-1, 1996-2, 2003-1, 2008-4, 2011-4, and 2019-3, MCL 330.3101, 445.2001, 445.2011, 445.2025, 445.2030, and 125.1998)

R 325.50091 of the Michigan Administrative Code is amended, and R 325.50092 and R 325.50093 are rescinded, as follows:

PART 312. 1,3-BUTADIENE

R 325.50091. Scope, applicability, adoption, and availability of standards.

Rule 1. (1) These rules apply to all occupational exposures to 1,3-Butadiene (BD), chemical abstracts service registry no. 106-99-0, in all industries subject to the Michigan occupational safety and health act (MIOSHA), 1974 PA 154, MCL 408.1001 to 408.1094.

(2) These rules replace all references to 1,3-Butadiene contained in Table G-1-A in General Industry Safety and Health Standard Part 301. "Air Contaminants for General Industry," as referenced in this rule.

(3) All of the following provisions apply as used in these rules:

(a) A reference to 29 CFR 1910.133, "Eye and face protection," in 29 CFR 1910.1051(i), means General Industry Safety and Health Standard Part 433. "Personal Protective Equipment," and Construction Safety and Health Standard Part 6. "Personal Protective Equipment," as referenced in this rule.

(b) A reference to 29 CFR 1910.134, "Respiratory Protection," in 29 CFR 1910.1051(h) and (k), means General Industry and Construction Safety and Health Standard Part 451. "Respiratory Protection," as referenced in this rule.

(c) A reference to 29 CFR 1910.1200 and 1926.59, "Hazard Communication," in 29 CFR 1910.1051(l), means Construction Safety Standard Part 42. "Hazard Communication," General Industry Safety Standard Part 92. "Hazard Communication," and Occupational Health Standard Part 430. "Hazard Communication," as referenced in this rule.

(4) The federal Occupational Safety and Health Administration’s regulations on 1,3-Butadiene promulgated by the United States Department of Labor and codified at 29 CFR 1910.1051, “1,3-Butadiene,” as amended on May 14, 2019, are adopted in these rules.

(5) These federal regulations adopted in this rule have the same force and effect as a rule promulgated under the Michigan occupational safety and health act (MIOSHA), 1974 PA 154, MCL 408.1001 to 408.1094.

(6) The OSHA regulations adopted in this rule are available from the United States Department of Labor, Occupational Safety and Health Administration, via the internet at website www.osha.gov, at no charge as of the time of adoption of these rules.

(7) The standards adopted in this rule are also available for inspection at the Department of Labor and Economic Opportunity, MIOSHA, Standards and FOIA Section, 530 W. Allegan Street, P.O. Box 30643, Lansing, Michigan, 48909-8143.

(8) Copies of the standards adopted in this rule may be obtained from the publisher or may also be obtained from the Department of Labor and Economic Opportunity, MIOSHA, Standards and FOIA Section, 530 W. Allegan Street, P.O. Box 30643, Lansing, Michigan, 48909-8143, at the cost charged in this rule, plus \$20.00 for shipping and handling.

(9) The following Michigan occupational safety and health standards are referenced in this rule. Up to 5 copies of these standards may be obtained at no charge from the Department of Labor and Economic Opportunity, MIOSHA, Standards and FOIA Section, 530 W. Allegan Street, P.O. Box 30643, Lansing, Michigan, 48909-8143 or via the internet at website: www.michigan.gov/mioshastandards. For quantities greater than 5, the cost, at the time of adoption of these rules, is 4 cents per page.

(a) Construction Safety and Health Standard Part 6. “Personal Protective Equipment,” R 408.40601 to R 408.40660.

(b) Construction Safety Standard Part 42. “Hazard Communication,” R 408.44201 to R 408.44204.

(c) General Industry Safety Standard Part 92. “Hazard Communication,” R 408.19201 to R 408.19204.

(d) General Industry Safety and Health Standard Part 301. “Air Contaminants for General Industry,” R 325.51101 to R 325.51108.

(e) Occupational Health Standard Part 430. “Hazard Communication,” R 325.77001 to R 325.77004.

(f) General Industry Safety and Health Standard Part 433. “Personal Protective Equipment,” R 325.60001 to R 325.60013.

(g) General Industry and Construction Safety and Health Standard Part 451. “Respiratory Protection,” R 325.60051 to R 325.60052.

R 325.50092. Rescinded.

R 325.50093. Rescinded.

ADMINISTRATIVE RULES

DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY

DIRECTOR'S OFFICE

GENERAL INDUSTRY SAFETY AND HEALTH STANDARD

Filed with the secretary of state on May 6, 2021

These rules take effect immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a(6) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.

(BY AUTHORITY CONFERRED ON THE DIRECTOR OF THE DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY BY SECTIONS 16 AND 21 OF THE MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ACT, 1974 PA 154, MCL 408.1016 AND 408.1021, AND EXECUTIVE REORGANIZATION ORDER NOS. 1996-2, 2003-1, 2008-4, 2011-4, AND 2019-3, MCL 445.2001, 445.2011, 445.2025, 445.2030, AND 125.1998)

R 408.14901 and R 408.14923 of the Michigan Administrative Code are amended, and R 408.14902 is rescinded, as follows:

PART 49. SLINGS

R 408.14901 Scope and adoption of standard.

Rule 4901. (1) This part sets forth the requirements for slings and their construction, care, and use in, around, and about a place of employment. Types of slings included in this part are chain, wire rope, metal mesh, 3-strand natural or synthetic rope, and synthetic web made from nylon, polyester, and polypropylene.

(2) The following standard is adopted by reference in these rules, American Society of Mechanical Engineers Standard ASME B-30.9 "Slings," 1990 edition. This standard may be purchased from IHS Global, 15 Inverness Way East, Englewood, Colorado, 80112, USA, telephone number: 1-800-854-7179 or via the internet at website: <http://global.ihs.com> at a cost as of the time of adoption of these amendments of \$60.00.

(3) The standard adopted in subrule (2) of this rule is also available for inspection at the Department of Labor and Economic Opportunity, MIOSHA, Standards and FOIA Section, 530 West Allegan Street, P.O. Box 30643, Lansing, Michigan, 48909-8143.

(4) Copies of the standard adopted in subrule (2) of this rule may be obtained from the publisher or may also be obtained from the Department of Labor and Economic Opportunity, MIOSHA, Standards and FOIA Section, 530 West Allegan Street, P.O. Box 30643, Lansing, Michigan, 48909-8143, at the cost charged in this rule, plus \$20.00 for shipping and handling.

R 408.14902 Rescinded.

R 408.14923 Inspections; records; removal from service; proof testing.

Rule 4923. (1) In addition to the inspection prescribed by R 408.14912, an employer shall designate an employee to make a thorough periodic inspection of an alloy steel chain sling in use on a regular basis. An employer shall determine the regularity of inspection based on all of the following factors:

- (a) Frequency of sling use.
- (b) Severity of service conditions.
- (c) Nature of lifts being made.
- (d) Experience gained on the service life of slings used in similar circumstances.

The designated employee shall inspect an alloy steel chain sling at least once every 12 months.

(2) The employer shall make and maintain a record of the most recent month in which each alloy steel chain sling was thoroughly inspected and shall make the record available for examination.

(3) The employee designated to make the inspection of an alloy steel chain sling shall make a thorough inspection for all of the following:

- (a) Wear.
- (b) Defective welds.
- (c) Deformation.
- (d) An increase in length beyond acceptable limits established in this part.

If the defects or deteriorations are present, then the designated employee shall immediately remove the sling from service.

(4) The employer shall ensure that, before use, each new, repaired, or reconditioned alloy steel chain sling, including all welded components in the sling assembly, is proof-tested by the sling manufacturer in accordance with ASME B-30.9 "Slings," 1990 edition, as adopted in R 408.14901.

(5) The employer shall retain a certificate of the proof test and shall make it available for examination.

(6) If the chain size at any point of the link is less than that stated in Table 1, the employer shall remove the chain from service.

TABLE 1
MINIMUM ALLOWABLE CHAIN SIZE AT ANY POINT OF LINK

Chain size (inches)	Minimum allowable chain size (inches)
1/4	13/64
3/8	19/64
1/2	25/64
5/8	31/64
3/4	19/32
7/8	45/64
1	13/16
1 1/8	29/32
1 1/4	1
1 3/8	1-3/32
1 1/2	1-3/16
1 3/4	1-13/32

**PROPOSED ADMINISTRATIVE RULES,
NOTICES OF PUBLIC HEARINGS**

MCL 24.242(3) states in part:

“... the agency shall submit a copy of the notice of public hearing to the Office of Regulatory Reform for publication in the Michigan register. An agency's notice shall be published in the Michigan register before the public hearing and the agency shall file a copy of the notice of public hearing with the Office of Regulatory Reform.”

MCL 24.208 states in part:

“Sec. 8. (1) The Office of Regulatory Reform shall publish the Michigan register at least once each month. The Michigan register shall contain all of the following:

* * *

(d) Proposed administrative rules.

(e) Notices of public hearings on proposed administrative rules.”

PROPOSED ADMINISTRATIVE RULES

DEPARTMENT OF **HEALTH AND HUMAN SERVICES**

~~DIVISION OF CHILD WELFARE LICENSING~~ **CHILDREN'S SERVICES AGENCY**

DIVISION OF CHILD WELFARE LICENSING

CHILD CARING INSTITUTIONS

Filed with the secretary of state on

These rules take effect immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a(9) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.

(By authority conferred on the director of the ~~Michigan Department of health and Human Services~~ by sections 2, 5, 10, and 14 of 1973 PA 116, ~~and the Executive Reorganization Orders No. 1996-1, No. 1996-2, 2003-1 and 2004-4, MCL 722.112, 722.115, 722.120, and 722.124, 330.3101, 445.2001, 445.2011 and 400.226 and Executive Reorganization Order No. 2015-1, MCL 400.227 of the Michigan Compiled Laws~~)

R 400.4139, R 400.4141, R 400.4164, R 400.4420, R 400.4601, R 400.4602, R 400.4604, R 400.4605, R 400.4606, R 400.4608, R 400.4612, R 400.4613, R 400.4615, R 400.4617, R 400.4618, R 400.4620, R 400.4621, R 400.4623, R 400.4632, R 400.4635, R 400.4638, R 400.4639, R 400.4640, R 400.4643, R 400.4652, R 400.5657, R 400.4660, and R 400.4666 of the Michigan Administrative Code are rescinded, R 400.4436, R 400.4437, R 400.4438, R 400.4439, and R 400.4400 are added, and R 400.4101, R 400.4102, R 400.4103, R 400.4104, R 400.4105, R 400.4106, R 400.4107, R 400.4108, R 400.4109, R 400.4110, R 400.4111, R 400.4112, R 400.4113, R 400.4114, R 400.4115, R 400.4116, R 400.4117, R 400.4118, R 400.4119, R 400.4120, R 400.4121, R 400.4122, R 400.4123, R 400.4124, R 400.4125, R 400.4126, R 400.4127, R 400.4128, R 400.4129, R 400.4130, R 400.4131, R 400.4132, R 400.4133, R 400.4134, R 400.4135, R 400.4136, R 400.4137, R 400.4138, R 400.4140, R 400.4142, R 400.4143, R 400.4144, R 400.4145, R 400.4146, R 400.4147, R 400.4148, R 400.4149, R 400.4150, R 400.4151, R 400.4152, R 400.4153, R 400.4154, R 400.4155, R 400.4156, R 400.4157, R 400.4158, R 400.4159, R 400.4160, R 400.4161, R 400.4162, R 400.4163, R 400.4165, R 400.4166, R 400.4167, R 400.4401, R 400.4407, R 400.4409, R 400.4411, R 400.4414, R 400.4417, R 400.4426, R 400.4428, R 400.4431, R 400.4435, R 400.4501, R 400.4504, R 400.4505, R 400.4506, R 400.4508, R 400.4510, R 400.4512, R 400.4515, R 400.4517, R 400.4520, R 400.4522, R 400.4523, R 400.4524, R 400.4527, R 400.4532, R 400.4535, R 400.4538, R 400.4540, R 400.4543, R 400.4545, R 400.4546, R 400.4548, R 400.4550, R 400.4552, R 400.4554, R 400.4555, R 400.4557, R 400.4559, R 400.4560, R 400.4562, R 400.4563, R 400.4564, R 400.4566, and R 400.4568 are amended, as follows:

PART 1. GENERAL PROVISIONS

R 400.4101 Definitions.

Rule 101. (1) As used in these rules:

(a) "Accredited college or university" means a college or university recognized by the United States Department of Education.

(b) "Act" means 1973 PA 116, ~~as amended, being §§~~ MCL 722.111 to 722.128, known as the child caring organizations ~~licensing~~ act.

(c) ~~"Audit" means a review done by an auditor that conforms with generally accepted accounting principles.~~

(~~dc~~) "Case record" means the individual file, **including electronic records**, kept by an institution concerning a ~~child~~ **youth** who has been placed at the institution.

(d) "**Chemical restraint**" means a drug that meets all the following:

(i) **Is administered to manage a youth's behavior.**

(ii) **Has the temporary effect of restricting the youth's freedom of movement.**

(iii) **Is not a standard treatment for the youth's medical or psychiatric condition.**

(e) "Chief administrator" means the person designated by the licensee as having the onsite day-to-day responsibility for the overall administration of a child caring institution and for assuring the care, safety, and protection of ~~residents~~ **youth**.

(f) ~~"Chief administrator designee" means a person above the level of the supervisor who approved an action, and who was not involved in the decision being reviewed.~~

(g) "Child caring institution," hereinafter referred to as "institution" or CCI, means an institution as defined in section 1 of 1973 PA 116, MCL 722.111.

(~~hf~~) "Child caring institution staff member" means an individual who is 18 years or older, and to whom any of the following apply:

(i) Is employed by a child caring institution for compensation, including adults who do not work directly with children.

(ii) Is a contract employee or self-employed individual working with a child caring institution.

(iii) Is an intern, **volunteer**, or other person who provides specific services under these rules.

(~~h~~) "Child placing agency" means an agency as defined in section 1 of 1973 PA 116, MCL 722.111.

(i) ~~"Children's therapeutic group home" means a children's therapeutic group home as defined in section 1 of 1973 PA 116, MCL 722.111.~~

(~~ig~~) "Corporal punishment" means hitting, paddling, shaking, slapping, spanking, or any other use of physical force as a means of behavior management.

(~~k~~) "Criminal history check" means that term as defined in section 1 of the act, MCL 722.111.

(l) ~~"Detention facility" means an institution that primarily provides care and supervision for youth pending adjudication for status or criminal offenses or pending placement in a treatment facility post-adjudication.~~

(~~kh~~) "Department" means the Michigan department of **health and** human services.

(~~n~~) "Developmentally disabled" means an individual who has an impairment of general intellectual functioning or adaptive behavior which meets all of the following criteria

(i) ~~It originated before the person became 18 years of age.~~

(ii) ~~It has continued since its origination or can be expected to continue indefinitely.~~

(iii) ~~It constitutes a substantial burden to the impaired person's ability to perform normally in society.~~

(iv) ~~It is attributable to 1 or more of the following:~~

(A) ~~Significant cognitive impairment, cerebral palsy, epilepsy, or autism.~~

(B) ~~Any other condition of a person found to be closely related to significant cognitive impairment because it produces a similar impairment or requires treatment and services similar to those required for a person who is significantly cognitively impaired.~~

~~(n) “Developmental disability” means that term as defined in section 1100a of the Mental Health Code, 1974 PA 258, MCL 330.1100a.~~

~~(mi)~~ **"Direct care worker"** means a person who provides direct care and supervision of ~~children~~ **youth** in an institution.

(j) “Emergency restraint” means the onset of an unanticipated or severely aggressive behavior that places the youth or others at serious threat of violence or injury if no immediate intervention occurs.

(k) “Gender” means a person’s internal identification or self-image as a man, boy, woman, girl, or another gender identity. Gender identity may or may not correspond to the sex that is listed on the person’s birth certificate.

(l) “Gender expression” means how a person publicly expresses or presents their gender, which may include behavior and outward appearance such as dress, hair, make-up, body language, and voice. Components of gender expression may or may not align with gender identity.

(m) “Gender identity” means an individual’s self-conception as being male, female, both, or neither. One’s gender identity can be the same or different from their sex assigned at birth.

~~(n) “Human behavioral science” means a course of study producing a degree from an accredited college or university in any of the following:~~

~~(i) Social work.~~

~~(ii) Psychology.~~

~~(iii) Guidance and counseling.~~

~~(iv) Consumer or community services.~~

~~(v) Criminal justice.~~

~~(vi) Family ecology.~~

~~(vii) Sociology.~~

a course of study producing a degree from an accredited college or university that is approved by the department for the specific positions when required by the act and these rules.

~~(o) “Juvenile justice youth” means a youth pending adjudication, or has been adjudicated, for status or criminal offenses or a youth who has been adjudicated under section 2(a) of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.2a, or section 1 of chapter IX of The Code of Criminal Procedure, 1927 PA 175, MCL 769.1.~~

(p) "License" means a license issued by the department to a non-governmentally operated institution or a certificate of approval issued by the department to a governmentally operated institution indicating that the institution is in compliance complies with these rules.

(q) “Licensee” means the agency, association, corporation, firm, organization, person, partnership, department, or agency of the state, county, city, or other political subdivision that has submitted an original application for licensure or approval or has been issued a license or certificate of approval to operate a child caring institution.-

~~(r) “Licensee designee” means the individual who is authorized by the licensee, board of directors, or the governing body for a public institution, to act on behalf of the corporation or organization on licensing matters.~~

(r) "Licensing authority" means the administrative unit of the department entity that has the responsibility responsible for making licensing and approval recommendations for an institution.

(s) “Mechanical restraint” means a device, materials, or equipment attached or adjacent to the youth’s body that he or she cannot easily remove that restricts freedom of movement or normal access to one’s body.

~~(ut)~~ **"Medication" means prescription and nonprescription medicines administered to treat a youth’s medical or psychiatric condition.**

~~(u) "Misconduct" is conduct by a resident that affects the safety and security of residents, staff, or the community.~~

~~(vu) "Nonsecure Open institution" means an institution or facility, or portion thereof, which that is used to house residents youth and which that is not locked against egress, except for an approved behavior management room.~~

~~(xv) "Parent" means biological parent, including custodial and non-custodial parent, adoptive parent, or legal guardian.~~

(w) "Personal restraint" means the application of physical force without the use of a device, that restricts the free movement of a youth's body.

~~(x) "Protection" means the continual responsibility of the licensee to take reasonable action to ensure the health, safety, and well-being of a resident while under the supervision of the licensee or an agent or employee of the licensee, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation.~~

~~(y) "Resident" means a child who is admitted to and resides in an institution.~~

(x) "Seclusion" means the involuntary placement of a youth in a room alone, where the youth is prevented from exiting by any means, including the physical presence of a staff person if that staff person's presence prevents the youth from exiting the room.

(y) "Seclusion room" means a room or area approved for the involuntary confinement or retention of a single resident youth. The door to the room may be equipped with a security locking device which that operates by means of a key or is electrically operated and has a key override and emergency electrical backup in case of a power failure.

~~(aaz) "Secure institution" means an institution, or portion thereof, other than a seclusion room, used to house residents that is secured against egress from the building~~
means any public or private licensed child caring institution where the movement and activities of residents is restricted against egress from the building.

~~(ff) "Serious injury" means any significant impairment of the physical condition of the minor child as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.~~

(aa) "Sexual harassment" means verbal comments or gestures of a sexual nature to a youth by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

(bb) "Sexual orientation" means a person's identity in relation to the gender or genders to which they are attracted.

~~(cc) "Shelter care facility" means an institution which that primarily provides care for residents, short-term supportive care- assessment and planning. or placement planning.~~

~~(dd) "Social service supervisor" means a person who supervises a social service worker.~~

~~(ee) "Social service worker" means a person who works directly with residents youth, their families, and other relevant individuals and who is primarily responsible for the development, implementation, and review of service treatment plans for the resident youth. This definition does not prevent a team approach to service treatment plan development and implementation.~~

(ff) "SOGIE" means an individual's sexual, orientation, gender, identity, and expression.

~~(ii) "Staff" means a person who is employed by an institution, a volunteer for the institution, including student interns, or a person who is used by the institution to provide specific services covered by these rules.~~

~~(ffgg) "Terms of license" or "terms of approval" means those designations noted on an institution's license or certificate of approval for which the institution is authorized or approved. Such designations include the following:~~

- ~~(i) Short term institution.~~
- ~~(ii) Residential treatment institution.~~
- ~~(iii) Secure institution.~~
- ~~(iv) Open institution.~~
- ~~(v) Age of children to be accepted for care.~~
- ~~(vi) Sex of children to be accepted for care.~~
- ~~(vii) Number of children to be accepted for care.~~
- ~~(viii) Effective and expiration dates.~~
- ~~(ix) "Treatment institution" means an institution whose primary purpose and function is to provide habilitative or rehabilitative services.~~

(hh) "Transgender" means a person whose gender identity, such as internal sense of feeling male or female, is different from the person's assigned sex at birth.

(2) A term defined in the act has the same meaning when used in these rules.

R 400.4102 Inspection and approval of institution.

Rule 102. ~~Residents~~ **Youth** may occupy an **child caring** institution, including new construction, additions, and conversions, only after inspection and approval by the licensing authority. **Only youth who fall under the definition of "minor child" as provided in section 1(z) of the act, MCL 722.111, may receive care and services in the child caring institution.**

R 400.4103 Space and equipment requirements.

Rule 103. A child caring institution must provide all the following to ensure delivery of licensed services:

- (a) Sufficient youth living space, as set forth in R 400.4510.**
- (b) Office space for performance of services provided by the child caring institution.**
- (c) Access to outdoor recreational space.**
- (ed) Equipment to ensure~~assure~~ delivery of licensed services.**

R 400.4104 Rules compliance.

Rule 104. (1) Before being licensed as an **child caring** institution, an original applicant must comply with ~~1973 PA 116, MCL 722.111, the act~~ and the rules for the type of **child caring** institution the applicant proposes to operate, and for which compliance can be achieved prior to beginning operation. ~~and shall demonstrate intent to comply with those rules for which~~ **Ce**ompliance can **may** only be demonstrated after the **child caring** institution has become fully operational.

(2) After being licensed, a **child caring** institution ~~shall~~ **must**, on an ongoing basis, comply with the act, child caring institution rules, and terms of the license.

(3) A licensee must take action to ensure the health, safety, and well-being of a youth while under the supervision of the licensee or an agent or employee of the licensee, including protection from physical harm, sexual abuse, sexual harassment, humiliation, intimidation, and exploitation.

(4) A licensee must submit a written corrective action plan that addresses rule violations cited during an inspection or special investigation. An acceptable corrective action plan must be submitted to the licensing authority within 15 days of the receipt of an inspection or special investigation report and must be completed on the forms provided by the licensing authority.

(5) On an ongoing basis, a licensee must comply with the terms of all written corrective action plans approved by the licensing authority.

(6) Under section 15(3) and (4) of the act, MCL 722.125, a licensee may agree to a revocation or renewal of a license, or may be refused a license, or a person, child care organization, agency, or representative or officer of a firm, a corporation, an association, or an organization may be

prohibited from being connected, directly or indirectly, with a licensee for a period of not less than 5 years after the revocation, denial, or refusal to renew a license.

R 400.4105 Rule variance.

Rule 105. (1) Upon written request of an applicant or licensee, the department may grant a variance from an administrative rule if ~~there is clear and convincing evidence~~ **the alternative proposed ensures that the health, care, safety, protection, supervision, and needed services of youth are maintained and** that the alternative ~~to the rule complies~~ **aligns** with the intent of the administrative rule. ~~from which a variance is sought.~~

(2) The department ~~shall~~ **must** enter its decision, including the qualification under which the variance is granted, in the records of the department and send a signed copy to the applicant or licensee. This variance may remain in effect for as long as the licensee continues to comply with the intent of the rule or may be time limited.

R 400.4106 **Orientation**; ~~Original licensure~~; application.

Rule 106. ~~An applicant applying for an original license shall provide documentation of all of the following:~~

~~(a) Need for the type of program the institution proposes to provide.~~
~~(b) Sufficient financial resources to meet applicable licensing rules following the issuance of the initial license.~~

~~(c) A plan of financial accounting developed in accordance with generally accepted accounting practices.~~

(1) An applicant must attend an orientation provided by the department prior to the submission of an application for an original license.

(2) At the time of application submission, an applicant must provide documentation to the department, including all the following:

(a) A statement demonstrating the need for the type of program the child caring institution proposes to provide.

(b) Verification of sufficient financial resources to meet applicable licensing rules following the issuance of the initial license.

(c) A plan of financial accounting, including an annual budget, containing projected income and expenditures. The plan of financial accounting must be developed in accordance with generally accepted accounting principles.

(d) A plan that describes the services, treatment, and intervention that will be provided by the child caring institution.

(e) Articles of incorporation.

(f) A copy of the proposed child caring institution's program statement.

(3) At the time of application submission, an applicant must identify a proposed chief administrator and submit written verification of the individual's educational credentials and professional work experience to the department for approval.

(4) Prior to issuance of an original license, an applicant must obtain:

(a) An approved fire safety inspection of the proposed facility.

(b) An approved environmental health inspection of the proposed facility.

(c) Zoning approval for the proposed facility as required by the local municipality.

(d) A certificate of occupancy as required by the local municipality.

(5) An applicant must provide the department with the documentation specified by this rule within 9 months of the date of application submission. The department may close an application without further evaluation if the documentation is not received.

R 400.4107 Deemed status.

Rule 107. (1) The department may accept, for the purpose of determining compliance with part 1 of these rules, evidence that the child caring institution is accredited by the council on accreditation or other nationally recognized accrediting body whose standards closely match state licensing regulations.

(2) The **child caring** institution may request deemed status when the accreditation site inspection is less than 12 months old. Both of the following apply:

(a) When accreditation is requested, ~~an~~ **child caring** institution ~~shall~~ **must** submit a copy of the most recent accreditation report to the department.

(b) ~~An~~ **child caring** institution ~~shall only be~~ **is only** eligible for deemed status if the license is on a regular status.

(c) The acceptance of accreditation in subrule (1) of this rule does not prohibit the department from conducting on-site investigations or requiring environmental health and fire safety inspections at intervals determined by the department.

R 400.4108 Financing and audit.

Rule 108. A licensee ~~shall~~ **must** do all of the following:

(a) Obtain an annual audit of all financial accounts. Audits for nongovernmental institutions ~~shall~~ **must** be conducted by an independent certified public accountant who is not administratively related to the agency. **The audit must conform with generally accepted accounting principles.**

(b) Annually develop and implement a plan to correct any deficiencies identified.

(c) Demonstrate sufficient ~~financing~~ **financial resources, on an ongoing basis**, to ~~assure~~ **ensure** that ~~proper care of residents youth is~~ **are** provided **proper care and treatment intervention, in addition to ensuring the** ~~and that~~ licensing rules are followed.

(d) Develop a budget that includes projected income and expenditures.

R 400.4109 Program statement.

Rule 109. (1) ~~An~~ **child caring** institution ~~shall~~ **must** have and follow a **licensing authority-approved**, current written program statement ~~which~~ **that** specifically addresses all of the following:

(a) The types of ~~children~~ **youth** to be admitted for care **and treatment intervention**.

(b) The services provided to ~~residents youth~~ and parents directly by the **child caring** institution and the services provided by outside resources.

(c) Policies and procedures pertaining to admission, care, safety, and supervision;; methods for addressing ~~residents youths'~~ **youths'** needs;; implementation of treatment plans;; and discharge of ~~residents youth~~.

(2) The program statement ~~shall~~ **must** be ~~made available~~ **provided** to ~~residents youth~~, parents, and referral sources.

R 400.4110 Employees qualified under prior rules.

Rule 110. An employee in a position approved before ~~the effective date of these rules~~ **2001** is deemed to be qualified for that position at the **child caring** institution. A person appointed to a position after the date of these rules ~~shall~~ **must** meet the qualifications of these rules for that position.

R 400.4111 Job description.

Rule 111. ~~An~~ **child caring** institution ~~shall~~ **must** provide a **written** job description for each staff position that identifies rules, required qualifications, and lines of authority.

R 400.4112 Criminal history check, **central registry**; subject to requirements; staff

qualifications.

Rule 112. (1) Child caring institutions subject to 42 USC 671 ~~shall~~ **must** not permit a child caring institution staff member to begin working unless all of the following ~~has~~ **have** been completed using the forms, and in the manner, prescribed by the department:

(a) A criminal record check as referenced in R 400.4113(f), including a fingerprint-based check of national crime information databases, unless an alternative criminal history check has been approved by the federal government.

(b) A check of Michigan's child abuse and neglect central registry or Canadian provincial agency. ~~as referenced in R 400.4113(i).~~ **The documentation must be completed not more than 30 days prior to the start of employment and every 12 months thereafter.**

(c) A check of other states' child abuse ~~registry registries that where~~ the person has lived ~~in~~ within the preceding ~~five~~ **5** years.

(2) Child caring institutions not subject to 42 USC 671 may not permit a staff member to begin working unless all the following have been completed:

(a) A criminal history background check as defined in section 5j of the act, MCL 722.115j.

(b) A check of Michigan's child abuse and neglect central registry or Canadian provincial agency. **The documentation must be completed not more than 30 days prior to the start of employment and every 12 months thereafter.**

(c) A check of other states' child abuse registry where the person has lived in within the preceding **5** years.

(3) A person who has unsupervised contact with children ~~shall~~ **must** not have been convicted of either of the following:

(a) Child abuse or neglect.

(b) A felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of hire.

~~(34) A person who has unsupervised contact with children shall not be a person who is listed on the central registry as a perpetrator with a confirmed case or cases of child abuse or child neglect~~ **may not be present in the child caring institution unless the department has determined the person no longer presents a risk of harm to children.**

(5) If the prospective employee has criminal convictions, the child caring institution must collect a written statement from the employee regarding the convictions to determine if the prospective employee would present a risk of harm to children.

(6) The child caring institution must complete a written evaluation of the convictions that addresses the nature of the conviction, the length of time since the conviction, and the relationship of the conviction to regulated activity for the purpose of determining suitability for employment in the child caring institution.

~~(47) A person with ongoing duties shall have both of the following:~~

~~(a) Ability to perform duties of the position assigned.~~

~~(b) Experience to perform the duties of the position assigned.~~ **A staff member will conduct himself or herself in a manner that is conducive to the welfare of children and be able to meet the needs of children and provide for their care, supervision, and protection.**

~~(58) An Unsupervised volunteers who performs work, including adults who do not work directly with children/youth, is~~ **are** subject to the requirements of subrules (1)(a) and (b) of this rule.

(9) For all facilities for which the primary purpose is to serve juvenile justice youth, background checks must comply with 28 CFR 115.

R 400.4113 Employee records.

Rule 113. (1) ~~An~~ **child caring** institution ~~shall~~ **must** maintain employee records for each employee and ~~shall~~ **must** include documentation of all of the following information prior to employment or at the time specified in this rule:

- (a) Name **of the employee**.
- (b) A true copy of verification of education from an accredited college or university where minimum education requirements are specified by rule.
- (c) Verification of high school diploma or GED when specified by rule.
- (d) Work history.
- (e) Three dated references ~~which~~ **that** are obtained prior to employment from persons unrelated to the employee and ~~which~~ **that** are less than 12 months old.
- (f) A record of ~~any convictions other than minor traffic violations from either of the following entities:~~ **the results of the background checks as required under R 400.4112.**
 - (i) ~~Directly from the Michigan state police or the equivalent state law enforcement agency, or Canadian province, or other country where the person usually resides or has resided in the previous 5 years.~~
 - (ii) ~~From an entity accessing either Michigan state police records or equivalent state, or Canadian provincial, or other country law enforcement agency where the person usually resides or has resided in the previous 5 years.~~
 - (g) ~~If the employee has criminal convictions, the institution shall complete a written evaluation of the convictions that addresses the nature of the conviction, the length of time since the conviction, and the relationship of the conviction to regulated activity for the purpose of determining suitability for employment in the institution.~~
 - ~~(h) A statement from the employee regarding any convictions.~~
 - (i) ~~Documentation from the Michigan department of human services, the equivalent state or Canadian provincial agency, or equivalent agency in the country where the person usually resides, that the person has not been determined to be a perpetrator of child abuse or child neglect. The documentation shall be completed not more than 30 days prior to the start of employment. and every 12 months thereafter.~~
 - (jg) A written evaluation of the employee's performance within 30 days of the completion of the probationary period or within 180 days, whichever is less, and a written evaluation of the employee's performance annually thereafter.
 - (kh) Verification of health where specified by **the child caring** institution policy.
- (2) **A child caring institution must provide a written job description to each staff position that identifies required qualifications, specific duties, and lines of authority.**

~~R 400.4114 Tuberculosis screening for employees and volunteers.~~ **Infectious and communicable disease control.**

~~Rule 114. (1) The licensee shall document, prior to employment, that each employee and volunteer who has contact with youth 4 or more hours per week for more than 2 consecutive weeks is free from communicable tuberculosis. Freedom from communicable tuberculosis shall be verified within the 1-year period before employment. and shall be verified every 1 year after the last verification or prior to the expiration of the current verification.~~

The child caring institution must ensure that staff and youth are complying with written procedures to detect, prevent, and report infectious and communicable diseases.

~~R 400.4115 First aid; CPR.~~

~~Rule 115. A person licensee must have all direct care and supervisory staff with current certification on both certified within the preceding 36 months in first aid and within the preceding 24 months in age-appropriate cardiopulmonary resuscitation. Certification shall be made by the American~~

Red Cross, the American Heart Association, or an equivalent organization or institution approved by the department. ~~shall be on duty at all times when 1 or more children are present.~~

R 400.4116 Chief administrator; responsibilities.

Rule 116. (1) ~~An agency~~ **child caring institution shall must assign designate the a** chief administrator. ~~responsibility for~~ **A chief administrator must demonstrate the administrative capability to oversee** the on-site day-to-day operation of the **child caring** institution and ~~for ensuring~~ compliance with these rules.

(2) For all facilities for which the primary purpose is to serve juvenile justice youth, the chief administrator will also ensure compliance with the 28 CFR 115.

~~(23) An institution's chief administrator shall must be administratively responsible annually: for all of the following functions:~~

~~(3a) Not less than once annually,~~ **C**conduct a written assessment and verify the **agency's child caring institution's** compliance with these rules.

(4b) Develop and implement a written plan to correct, within 6 months, rule violations identified as a result of the assessment conducted pursuant to subdivision (a) of this subrule.

(5c) Conduct a written evaluation of trends and patterns of all unplanned discharges.

R 400.4117 Chief administrator; qualifications.

Rule 117. (1) A chief administrator, at the time of appointment, ~~shall~~ **must** possess either of the following:

(a) A master's degree in a human behavioral science, education, business administration, or public administration from an accredited college or university and 2 years of experience in a child caring institution or child placing agency or equivalent organization from another state or Canadian province.

(b) A bachelor's degree with a major in education, a human behavioral science, business administration, or public administration from an accredited college or university and 4 years of post-bachelor's degree experience in a child caring institution or child placing agency or equivalent organization from another state or Canadian province.

~~(2) An organization~~ **child caring institution shall must** notify the licensing authority of a change of chief administrator. ~~within 30 days of the change.~~

(3) In the event of a change in the chief administrator, his or her education and qualifications must be reviewed and approved by the department prior to assuming duties. In the event of exigent circumstances, the approval may be obtained within 5 business days after the chief administrator's duties are assumed.

R 400.4118 Social service supervisor; qualifications.

Rule 118. A social service supervisor, at the time of appointment to the position, ~~shall~~ **must** possess either of the following:

(a) A master's degree in a human behavioral science from an accredited college or university and 2 years of experience as a social service worker.

(b) A bachelor's degree in a human behavioral science or another major with 25% of the credits in a human behavioral science from an accredited college or university and 4 years of experience as a social service worker.

R 400.4119 Social service worker; qualifications.

Rule 119. A social service worker, at the time of appointment to the position, ~~shall~~ **must** possess a bachelor's degree with a major in a human behavioral science from an accredited college or university or another major with 25% of credits in human behavioral sciences.

R 400.4120 Supervisor of direct care workers; qualifications.

Rule 120. A supervisor of direct care workers ~~shall~~ **must** have 1 of the following:

(a) A bachelor's degree from an accredited college or university and 2 years of work experience in a child caring institution.

(b) Two years of college from an accredited college or university and 3 years of work experience in a child caring institution.

(c) A high school diploma and 4 years of work experience in a child caring institution.

R 400.4121 Direct care worker; qualifications.

Rule 121. A direct care worker ~~shall~~ **must** have completed high school or obtained a general equivalency diploma (GED).

R 400.4122 ~~Resident Youth and parent visitation~~ **Youth and family time.**

Rule 122. ~~An child caring institution shall must have the capability to provide for visits family time, both in-person and virtual, between each resident youth and the resident's youth's parents or guardian, and siblings, provided the child caring institution offers sibling family time. Family time must be provided unless parental rights have been terminated or the resident's record contains documentation that visitation is detrimental to the resident or there is a court order restricting the family time.~~

R 400.4123 Education.

Rule 123. (1) ~~An child caring institution shall must not admit a child for care unless provide an appropriate educational program can be provided, in accordance with the individual needs of the youth, including any special education needs.~~

(2) ~~Provision shall be made for~~ **A youth in care must receive** an appropriate education program in accordance with **the revised school code, 1976 PA 451, MCL 380.1 to 380.1853, and all applicable state and federal law.** Each ~~resident child~~ of school age ~~shall must~~ be enrolled not later than 5 school days after admission and continuously thereafter.

(3) **For children who are wards of the state, a child caring institution will ensure that a legal guardian for educational decisions is identified in the child's preliminary service plan and service plan. The service plan must include the name, address, and other current contact information for the legal guardian responsible for educational decisions.**

(4) **A child caring institution must ensure that the parent or guardian with legal responsibility for educational decisions is provided information to allow their meaningful participation in the child's education in accordance with all state and federal requirements.**

R 400.4124 Communication.

Rule 124. (1) ~~An child caring institution shall must~~ have and follow a written policy regarding communication that ensures that a child is able to communicate with family **and, if the facility permits, friends, in addition to the child's legal guardian ad litem or attorney, and the child's caseworker,** in a manner appropriate to the child's functioning and consistent with the child's treatment plan and security level.

(2) **The communication policy must include access to interpreters and written materials in formats to ensure effective communication for all youth.**

R 400.4125 Personal possessions; money; clothing; storage space.

Rule 125. (1) A licensee ~~shall must have do a written policy that designates all of the following:~~

- (a) ~~The method used to~~ **Ssafeguard residents' youths' personal possessions and money.**
- (b) ~~The method used to A~~ **accurately account for and return possessions and money to the resident youth or guardian upon discharge.**
- (c) ~~The method for ensuring~~ **Ensure** that each resident youth has sufficient clean, properly fitting, seasonally **appropriate** clothing.
- (d) **Provide access to clothing that is consistent with the youth's gender expression.**
- (2) The licensee ~~shall~~ **must** provide accessible storage space for personal possessions.

R 400.4126 Sufficiency of staff.

Rule 126. The licensee ~~shall have a sufficient number of administrative, supervisory, social service, direct care, and other staff on duty~~ **must staff the facility in a manner that enables the child caring institution to successfully** perform the prescribed functions required by these administrative rules and in the agency's program statement, and to provide for the continual needs, protection, and supervision of ~~residents youth~~.

R 400.4127 Staff-to-resident ratio.

Rule 127. (1) The licensee shall develop and adhere to a written staff-to-~~resident~~ **child** ratio formula for direct care workers. **If a child caring institution is contracted by the department to care for youth, the facility will follow its contracted ratio.**

(2) At a minimum, 1 direct care worker ~~shall be~~ **is** responsible for not more than 10 ~~residents youth~~ at 1 time during ~~resident youths'~~ normal awake hours and not more than 20 residents at 1 time during the ~~residents' youths'~~ normal sleeping hours.

(3) The ratio formula for direct care workers ~~shall~~ **must** correspond with the **child caring institution's** purpose and the needs of ~~the residents youth~~ and ~~shall assure~~ **ensure** the continual safety, protection, and direct care and supervision of ~~residents youth~~.

(4) When ~~residents youth~~ are asleep or otherwise outside of the direct supervision of staff, staff ~~shall~~ **must** perform variable interval, eye-on checks of ~~residents youth~~. The time between the variable interval checks ~~shall~~ **must** not exceed ~~fifteen~~ **15** minutes.

(5) **During an offsite medical or mental health emergency, a child caring institution must ensure a staff member, or a parent or legal guardian, is supervising the youth.**

(6) **If a licensed child caring institution has admitted the maximum number that can be safely served by current staffing capacity and ratios, when a bed space becomes available, the facility will prioritize admission for admission youth who are residents of Michigan awaiting bed space.**

R 400.4128 Initial staff orientation and ongoing staff training.

Rule 128. (1) The licensee ~~shall~~ **must** provide an orientation program for new employees-, **contractors, interns, and volunteers providing services in the child caring institution.**

(2) Job shadowing ~~shall~~ **must** not be the only form of orientation.

(3) The orientation ~~shall~~ **must** include the following:

(a) The **child caring** institution's purpose, policies, and procedures, including ~~discipline~~ **crisis prevention and intervention and de-escalation** techniques, and emergency and safety procedures.

(b) The role of the staff members as related to service delivery and protection of the children.

(24) The licensee ~~shall~~ **must** provide a written plan of ongoing staff training related **to the role of the individual job functions and within the child caring institution's** program.

(35) The licensee ~~shall~~ **must** document that each ~~staff~~ **employee** whose function is covered by these rules has participated in a minimum of 50 ~~clock~~ hours of planned training within the first year of employment and a minimum of 25 ~~clock~~ hours of training annually thereafter related to the employee's

job function. At least 16 of the 50 hours provided in the first year ~~shall~~ **must** be orientation provided prior to the assumption of duties.

(46) Training ~~opportunities~~ **topics** for direct care staff ~~shall~~ **must** include, ~~but are not limited to, all of the following~~

- (a) Developmental needs of children.
- (b) ~~Child management techniques~~ **Ethics and boundaries of staff with youth.**
- (c) Basic group dynamics.
- (d) ~~Appropriate discipline,~~ **Cerisis prevention and intervention, and child handling de-escalation techniques.**
- (e) The direct care ~~worker's~~ and the social service workers' roles in the **child caring** institution.
- (f) Interpersonal communication.
- (g) **Trauma-informed practice.**
- (h) **Diversity, equity, and inclusion methods of service delivery, including diverse SOGIE identity.**

~~(g) Proper and safe methods and techniques of restraint and seclusion if the agency has an approved seclusion room.~~

~~(hi) CPR and First aid.~~

(57) An employee ~~shall~~ **may** not participate in restraining a ~~resident~~ **youth** or placing a ~~resident a~~ **youth** in seclusion prior to receiving training on those topics. The training model ~~shall~~ **must** be approved, in writing, by the department.

R 400.4129 **Child caring** ~~institutions~~ serving developmentally disabled youth; written procedures.

Rule 129. ~~An~~ **child caring** institution providing care to **youth with** developmentally disabled ~~disabilities~~ **residents shall must** require staff to follow written procedures ~~for bathing, feeding, toilet training, and daily activities of residents.~~ **that address the services required for the resident.**

R 400.4130 Privacy and confidentiality **of youth.**

Rule 130. (1) ~~An institution~~ **The licensee must** assure ~~ensure~~ **resident youth** and parent privacy and confidentiality, and ~~shall~~ **must** protect ~~residents~~ **youth** from exploitation.

(2) A ~~resident's~~ **child's** identity may be disclosed for public purposes or publicity only after both of the following criteria are met:

- (a) The parent has consented.
- (b) The ~~resident~~ **youth** has consented if the ~~resident~~ **youth** is capable of consent.

R 400.4131 Compliance with child protection law; development of plan required.

Rule 131. The licensee ~~shall develop and implement a written plan to assure compliance with~~ **must comply with** the child protection law, 1975 PA 238, MCL 722.621 to 722.638, **including mandated reporting requirements.**

R 400.4132 Grievance procedures.

Rule 132. (1) ~~An agency~~ **child caring institution shall must** have and follow a written grievance handling procedure for ~~residents~~ **youth** and their families. All of the following apply:

- (a) The policy ~~shall~~ **must** be provided to ~~residents~~ **youth**, their families, and referring sources prior to or at admission.
- (b) The policy ~~shall~~ **must** be explained in a language **and manner that** the ~~resident~~ **youth** and his or her family can understand.

(c) There ~~shall~~ **must** be written acknowledgement the policy was provided as required in subdivision (a) of this subrule.

(2) The procedure ~~shall~~ **must** provide for all of the following:

- (a) ~~Safeguarding the legal rights of residents and their families.~~ Who may initiate the grievance.
- (b) How the grievance is filed and ability to request assistance with filing.
- (c) Grievance response and timeframe processes, including appeal.
- (d) Documentation.
- (e) Ability to report grievances to third party agencies and the ~~resident's~~ **youth** LGAL and attorney.
- (b) ~~Addressing matters that relate to compliance with the act, rules promulgated under the act, and the agency's written policies and procedures regarding services covered by these rules.~~
- (e) ~~Delineating the method of initiating the procedure.~~
- (d) ~~Specifying time frames for decisions.~~

(3) ~~If A~~ a secure juvenile justice facility ~~that~~ uses room confinement as a behavioral sanction, the procedure ~~shall~~ **must** provide for all of the following:

- (a) Before the sanction begins, but not later than 24 hours after confinement for misconduct, an opportunity for the resident to be heard by a trained impartial fact finder designated by the chief administrator, **who** has no personal knowledge of the incident, and has the authority to release the resident from confinement.
- (b) Staff assistance in preparing and presenting his or her grievance or defense.
- (c) A meaningful process of appeal.
- (4) ~~An agency shall~~ **child caring institution must** provide a grievant with a written copy of the grievance resolution.

R 400.4133 Institutional care for children under ~~6~~ **10** years of age.

Rule 133. A child under ~~6~~ **10** years of age ~~shall may~~ not remain in ~~an~~ **child caring** institution for more than 30 days, unless this stay is documented to be in the best interest of the child.

R 400.4134 Religious/~~or~~ spiritual policy and practices.

Rule 134. (1) The **child caring** institution ~~shall~~ **must** have and follow a policy on religious/~~or~~ spiritual participation that contains, at a minimum, both of the following:

- (a) A ~~resident youth~~ **shall may** not be prohibited from participating in religious activities and services in accordance with the ~~resident's youth's~~ own faith and parental direction as long as the participation does not conflict with the safety and security of the ~~facility~~ **child caring institution**.
- (b) ~~A resident Youth~~ **shall may** not be compelled to attend religious services or religious education nor be disciplined for failing to attend.

(2) The **child caring** institution ~~shall~~ **must** provide the policy to **youth**, parents, and referral sources prior to or at admission.

R 400.4135 ~~Resident Youth~~ work experience.

Rule 135. (1) ~~An~~ **child caring** institution ~~shall~~ **must** have and follow a written policy regarding work experiences for ~~residents youth~~ that specifies, at a minimum, all of the following:

- (a) How and when ~~residents youth~~ are or are not compensated for working.
- (b) Means of protection from exploitation.
- (c) The types of work experience that ~~residents youth~~ will engage in.
- (2) Work experiences for ~~a resident youth~~ **shall must** be appropriate to the age, health, and abilities of the ~~resident youth~~, **and used in conjunction with the youth's treatment plan**.
- (3) ~~Residents Youth~~ **shall are** not be permitted to work for staff members' personal gain and ~~shall~~ **must** be protected from personal exploitation.

R 400.4136 Recreational activities, equipment, and supplies; swimming restriction.

Rule 136. (1) ~~An~~ **child caring** institution ~~shall~~ **will** have and follow a written policy regarding recreational activities, equipment maintenance, ~~appropriate supervision related to age of youth and developmental level of youth,~~ and training of staff involved in recreational activities.

(2) A child caring institution shall ensure appropriate supervision related to the age of youth and developmental level of youth in any recreational activity,

(23) Residents Youth shall must be provided a variety of indoor and outdoor recreational activities designed to meet the ~~residents'~~ **youths'** needs. **Youth must be given the opportunity of an outside activity at least once a day unless there is inclement weather.**

(34) An child caring institution shall provide appropriate recreation supplies and equipment.

(45) Swimming shall be is permitted only where and when a qualified lifeguard, **who is not counted in the staffing ratio,** is on duty ~~and who is not counted in the staffing ratio.~~

(56) As used in this rule, high adventure activity means a program that requires specially trained staff or special safety precautions to reduce the possibility of an accident. If the **child caring** institution provides high adventure activities, including swimming, the **child caring** institution ~~shall~~ **must** have and follow a program statement that covers all of the following:

- (a) Activity leader training and certification and experience qualifications appropriate to the activity.
- (b) Specific staff-to-~~resident~~ **youth** ratio appropriate to the activity.
- (c) Classifications and limitations for ~~resident~~ **youth** participation.
- (d) Arrangement, maintenance, and inspection of the activity area.
- (e) Equipment and the biannual inspection and maintenance of the equipment and the program by a nationally recognized inspection process.
- (f) Safety precautions.
- (g) High adventure activities ~~shall~~ **must** be conducted by an adult who has training or experience in conducting the activity.

(27) If child caring institution staff take youth away from the **child caring** institution for or more overnights, the institution ~~shall~~ **must** keep a travel plan on file at the institution. The travel plan ~~shall~~ **will** include an itinerary and pre-established check-in times.

R 400.4137 Sleeping rooms.

Rule 137. (1) ~~Residents Youth~~ may be required to remain in their assigned rooms for up to 30 minutes to accommodate staff shift changes.

(2) Residents of the opposite sex, if either is over 5 years of age, shall not sleep in the same sleeping room. A child caring institution will consider a youth's gender identity when determining a sleeping arrangement consistent with the youth's health and safety needs.

(3) In new and converted child caring institutions, single occupant sleeping rooms ~~shall~~ **must** not be less than 70 square feet, exclusive of closet space.

(4) In new and converted child caring institutions, multi-occupant sleeping rooms ~~shall~~ **must** not be less than 45 square feet per occupant, exclusive of closet space.

(5) In new or converted secure child caring institutions, locked ~~resident youth~~ sleeping rooms ~~shall~~ **must** be equipped with a 2-way monitoring device.

(6) In programs that accept youth who are minor parents who have children placed together, the child caring institution must follow the department's safe sleep practices located at www.michigan.gov/dhhs for children who are less than 2-1 years of age. , the following safe sleep conditions shall be followed. an institution shall follow the department's safe sleep practices located at.

(a) Infants, birth to 12 months of age, shall rest alone in a crib that meets all of the following conditions:

- ~~(i) Has a firm, tight fitting mattress with a waterproof, washable covering.~~
- ~~(ii) Does not have any loose, missing, or broken hardware or slats.~~
- ~~(iii) Has not more than 2 3/8 inches between slats.~~
- ~~(iv) Has no corner posts over 1/16 inches high.~~
- ~~(v) Has no cutout designs in the headboard or footboard.~~
- ~~(vi) Has a tightly fitted bottom sheet that covers the mattress with no additional padding placed between the sheet and mattress.~~
- ~~(vii) Blankets shall not be draped over cribs or bassinets.~~
- ~~(viii) Soft objects, bumper pads, stuffed toys, blankets, quilts or comforters, and other objects that could smother a child shall not be placed with or under a resting or sleeping infant. An infant's head shall remain uncovered during sleep.~~

(7) Objects may not be placed or draped over a crib, bassinet, or pack n play, and an infant's head may not be covered during sleep.

~~(b) Infant car seats, infant seats, infant swings, highchairs, playpens, pack-n-play, waterbeds, adult beds, soft mattresses, sofas, beanbags, or other soft surfaces are not approved sleeping equipment for children 24 months of age or younger.~~

~~(c) Children 24 months or younger who fall asleep in a space that is not approved for sleeping shall be moved to approved sleeping equipment appropriate for their size.~~

~~(d) Children birth to 24 months of age shall sleep alone in a crib or toddler bed that is appropriate and sufficient for the child's length, size, and movement. An infant shall be placed on his or her back for resting and sleeping.~~

~~(e) An infant unable to roll from stomach to back, and from back to stomach, when found facedown, shall be placed on his or her back.~~

~~(f) An infant who can easily turn over from his or her back to his or her stomach shall initially be placed on his or her back, but allowed to adopt whatever position he or she prefers for sleep.~~

~~(g) For an infant who cannot rest or sleep on his or her back, the institution shall have written instructions, signed by a physician, detailing an alternative safe sleep position and/or other special sleeping arrangements for the infant.~~

(h8) The child caring institution shall maintain supervision and frequently monitor infant's breathing, sleep position, and bedding for possible signs of distress. Baby monitors shall must not be used exclusively to comply adhere with this subrule subdivision.

R 400.4138 Bedding and linen.

Rule 138. (1) Each resident youth shall must be provided with an individual bed with a clean pillow; and mattress. and sufficient clean blankets.

(2) Unless otherwise indicated by the youth's safety plan, Each resident youth shall must be provided with clean sheets, and a pillowcase, and sufficient clean blankets at least weekly and more often if soiled.

(3) All bedding shall must be in good repair and shall be cleaned and sanitized before being used by another person.

~~R 400.4139 Driver's license. Rescinded.~~

~~Rule 139. The institution shall document that the driver of any vehicle transporting residents at the request of or on behalf of the licensee shall be an adult and possess a valid operator or chauffeur license with endorsement appropriate to the vehicle driven and the circumstances of its use.~~

R 400.4140 Transportation.

Rule 140. (1) The **child caring** institution ~~shall~~ **must** have and follow a policy on vehicle maintenance that ensures vehicles are properly maintained.

(2) All vehicles ~~shall~~ **must** be insured as required by state law.

(3) **The child caring institution shall document that any employee driver of any vehicle transporting youth at the request of or on behalf of the licensee possesses a valid operator or chauffeur license with endorsement appropriate to the vehicle driven and the circumstances of its use. The child caring institution must have written verification annually that the employee's operator's license is valid.**

~~(34) Each resident transported~~ **Transported youth shall must** occupy a manufacturer's designated seat. ~~A resident Youth shall may~~ not be transported in any portion of any vehicle not specifically designed by the manufacturer for passenger transportation.

(5) **Each driver and youth transported must be properly restrained with safety belts while the vehicle is being operated.**

(46) Infants and children ~~shall~~ **must** use age-appropriate child safety seats as required by state law.

(7) **In the event a child removes the safety belt while the vehicle is being operated, the driver must come to a complete stop at the earliest opportunity and remain stopped until the child reattaches the safety belt.**

~~R 400.4141 Safety belts.~~ **Rescinded.**

~~Rule 141. The driver and all passengers shall be properly restrained with safety belts while the vehicle is being operated.~~

R 400.4142 Health services; **routine and emergency care**; policies and procedures.

Rule 142. (1) ~~A~~ **child caring institution must provide timely health services. In case of an accident or sudden adverse change in a youth's physical condition or adjustment, the child caring institution must immediately obtain needed care.**

(2) ~~A~~ **child caring institution shall must** establish and follow written health service policies and procedures addressing all ~~of~~ the following:

(a) Routine and emergency medical, ~~and~~ dental, **and behavioral health care.**

(b) Health screening procedures.

(c) Documentation of ~~medical~~ **health** care and maintenance of health records.

(d) Storage of medications.

(e) Dispensing medication, **including methods for dispensing medication when the youth will be off site, for example, all-day outings, parenting time, and court appearances. Prescription medication, including dietary supplements, or individual, special medical procedures must be given, taken, or applied only as prescribed by a licensed physician or dentist.**

(f) ~~Methods for dispensing medication when the resident will be off site.~~ **Procedures for communicating youth health care needs at the child caring institution and during any transition of care, for example, at admission, visitation, discharge, and transfer for inpatient medical or psychiatric care, or both.**

(g) **Provisions to ensure that the youth has immediate access to medication in the event of an urgent medical situation.**

(23) ~~Resident Youth~~ medications ~~shall~~ **must** be kept in the original pharmacy supplied container until dispensed, ~~and shall~~ **must** be kept with the equipment to administer it in a locked area, and refrigerated, if required.

(4) A child caring institution must establish and follow written procedures consistent with department policy ensuring that consent has been obtained for psychotropic medications under the following circumstances:

- (a) Medications the child is taking on admission.**
- (b) Medications recommended during treatment.**

R 400.4143 Medical treatment; supervision.

Rule 143. Medical treatment ~~shall~~ **must** be under the supervision of a licensed physician or other licensed health professional as permitted by law.

R 400.4144 Admission health screening; physical examinations.

Rule 144. (1) An initial health screening, **including a body chart of any evidence of injury, including bruises, scars, and any other injury,** ~~shall~~ **must** be completed by the child caring institution for each resident youth within 24 hours of admission to a facility. **An urgent medical or mental health need identified at intake will be addressed immediately with the institution's medical staff or by transport to an emergency medical institution.**

(2) An institution ~~shall~~ **must** have the following documentation identify health needs within 3 days of admission by any of the following:

(a) Reviewing documentation of the most recent examination completed under department policy.

(b) Completing a comprehensive examination appropriate to the youth's age per department policy.

(c) Conducting A an earlier examination earlier than the deadline is if medically indicated:.

~~(a) For a resident under 3 years of age, a physical examination shall have been completed within 90 calendar days prior to admission or a new physical examination shall be completed within 30 calendar days after admission;.~~

~~(b) For a resident 3 years of age or older, a physical examination shall have been completed within 1 year prior to admission or a new physical examination shall be completed within 30 calendar days after admission.~~

~~(3) Sufficient health history information shall be documented for each resident to assure proper medical care. The admission comprehensive health examination must follow, at a minimum, the recommendations by the American Academy of Pediatrics Bright Futures Guidelines.~~

(4) Nothing in the rules adopted under the act ~~shall~~ authorizes or requires a medical or physical examination or treatment for any child whose parent objects on religious grounds. If a parent objects to medical or physical examinations or treatments on religious grounds, the objection ~~shall~~ **must** be made in writing to the institution and retained in the resident's file.

R 400.4145 Periodic physical examinations.

Rule 145. (1) ~~An~~ **child caring** institution ~~shall~~ **must** provide and document, **a comprehensive,** periodic physical examination for each resident youth as follows, unless greater frequency is medically indicated:

(a) At least once every 3 months for residents youth under one year of age.

(b) At least once every 14 months for residents youth one year of age or older.

(2) Nothing in the rules adopted under ~~1973 PA 116 shall~~ **the act** authorizes or requires a medical or physical examination or treatment for any youth whose parent objects on religious grounds. If a parent objects to medical or physical examinations or treatments on religious grounds, the objection ~~shall~~ **must** be made in writing to the institution and retained in the resident's youth's file.

R 400.4146 Immunizations.

Rule 146. (1) A ~~resident~~ **youth** shall have current immunizations as required by the department of ~~community health~~.

(2) ~~If documentation of immunizations is unavailable, Immunizations shall~~ **must** begin within 30 calendar days of admission, unless a statement from a ~~physician-licensed health care provider~~ **indicating there is any of the following:**

(a) **Documentation of the most recent immunizations completed under department policy.**

(b) **The need to provide immunizations appropriate to the youth's age per department policy.**

(c) **A statement that immunizations are contraindicated and is included in the resident's youth's record.**

(3) ~~A written statement from a physician, referring agency, parent, or guardian indicating immunizations are current is sufficient documentation of immunizations~~ **Documentation of immunizations from the Michigan Care Improvement Registry is the primary source to determine if immunizations are up to date.**

(4) Nothing in the rules adopted under ~~1973 PA 116~~ **the act** shall authorize or require immunizations for any **youth** whose parent objects on religious grounds **unless the youth is a temporary court ward, a motion is heard, and an order is entered by the circuit court for the youth's case.** If a parent objects to immunizations on religious grounds, the objection shall **must** be made in writing to the institution and retained in the ~~resident's~~ **youth's** file.

R 400.4147 Dental care.

Rule 147. (1) A ~~licensee~~ **Child caring institution staff** shall **must** provide for and document dental examinations and treatment for each ~~resident~~ **youth** 1 years of age and older.

(2) A dental examination within ~~12~~ **3** months prior to admission shall **must** be documented or there shall **must** be an examination not later than 90 calendar days following admission.

(3) Reexamination shall **must** be provided at least every ~~14~~ **6** months unless greater frequency is indicated.

R 400.4148 Personal hygiene.

Rule 148. A ~~child caring institution~~ shall **must** ~~assure~~ **ensure** that each ~~resident~~ **youth** maintains or receives personal care, hygiene **products**, and grooming **products** appropriate to the ~~resident's~~ **youth's** age, sex, **gender**, race, cultural background, and health needs.

R 400.4149 Resident nutrition.

Rule 149. (1) A ~~licensee~~ **child caring institution** will provide a minimum of 3 nutritious ~~edible~~ meals daily unless medically contraindicated and documented. **Food must be free from spoilage, filth, or other contamination and be safe for human consumption.**

(2) Meals shall **must** be of sufficient quantity to meet the nutritional allowances recommended USDA guidelines: <https://health.gov/news/202012/usda-and-hhs-just-released-dietary-guidelines-americans-2020>.

(3) ~~A resident who has been prescribed a special diet by a physician shall be provided such a diet.~~ **A child caring institution must provide any special diet that has been prescribed by a licensed physician.**

(4) **A child caring institution must provide any special diet dictated by differing nutritional requirements related to the youth's age, medical condition, or religious beliefs.**

(45) Menus, including snacks if provided, shall **must** be written and posted prior to the serving of the meal. Any change or substitution shall **must** be noted and considered as part of the original menu. ~~Menus shall be retained for 1 year.~~

R 400.4150 Incident reporting.

Rule 150. (1) ~~Any of the following incidents resulting in serious injury of a resident or illness requiring inpatient hospitalization, shall be reported, but not more than 24 hours after the incident.~~ **Child caring institution staff must contact the youth's parent or legal guardian, the licensing authority, and the caseworker within 12 hours, and provide a written report to the same parties within 24 hours of any of the following:**

(a) **Any accident, illness, or mental health crisis that requires emergency medical attention, hospitalization, or both.**

(b) **Attempts at self-inflicted harm or harm to others that causes injury.**

(c) **Attempted absent without leave or escape from the institution.**

(d) **Incidents or allegations of sexual abuse or other forms of sexual misconduct.**

(e) **Behaviors that result in contacting law enforcement.**

(f) **Any use of prohibited methods of discipline under R 400.4158.**

(g) **Any use of lockdown procedure under R 400.4165.**

(2) The death of a ~~resident youth~~ to the parent/~~or~~ legal guardian, responsible referring agency, and the licensing authority ~~as soon as possible shall~~ **must** be reported immediately to the parent or legal guardian or next of kin, law enforcement, the licensing authority, and the referring agency. **Child caring institution staff must provide a written report to the same parties within 24 hours.**

(3) If ~~a~~ **child caring** institution determines that a youth is absent without legal permission, ~~then the child caring institution staff shall~~ **must** immediately report the information to law enforcement;; the parent/, legal guardian, or next of kin;; the licensing authority;; and the referring agency. **Child caring institution staff must provide a written report to the same parties within 24 hours.**

(4) ~~When a resident's behavior results in contact with law enforcement, the incident shall be reported to the parent/legal guardian, responsible referring agency, and the licensing authority as soon as possible, but not more than 24 hours after the incident.~~

R 400.4151 Emergency; continuity of operation procedures.

Rule 151. (1) ~~An~~ **child caring** institution ~~shall~~ **must** establish and follow written emergency procedures that have been approved by the department that maintain the continuity of operations for a minimum of 72 hours to ~~assure~~ **ensure** the safety of ~~residents youth~~ for the following circumstances:

(a) Fire.

(b) Severe weather.

(c) Medical emergencies.

(d) **Transmission of communicable diseases.**

(~~d~~e) Missing persons.

(~~e~~f) Disasters.

(~~f~~g) Utility failures.

(h) **Environmental hazards.**

(2) The procedures ~~shall~~ **must** explain, ~~in detail,~~ all of the following:

(a) Staff roles and responsibilities.

(b) Evacuation procedures.

(c) Required notifications, including, but not limited to, **the parent or legal guardian, and the** licensing authority, the referring agency, and law enforcement.

(d) Methods for maintaining continuity of services.

R 400.4152 Initial documentation.

Rule 152. At the time of admission, all of the following ~~shall~~ **must** be in the ~~resident's~~ **youth's case family service plan** record:

(a) Name, address, birth date, sex, **gender, SOGIE identity**, race, height, weight, hair color, eye color, identifying marks, religious preference, and school status.

(b) A photograph taken within the previous 12 months.

(c) A ~~brief~~ description of the ~~resident's~~ **youth's preparation for placement care and treatment in a child caring institution.**

(d) **A description and documentation of the and** general physical and emotional state at the time of admission, **immediate medical and mental health needs, and immediate safety planning for the protection of the youth and others in the child caring institution.**

(e) **Documentation of health information including current medications, both prescribed and over the counter, medical examinations, mental health assessment and treatment plan, if applicable, and laboratory data from the prior year.**

(~~ef~~) Name, address, and marital status of parents and name and address of legal guardian, if known. **If unknown, that information must be obtained and entered into the youth's youth and family service plan record within 7 calendar days.**

(~~fg~~) Date of admission and legal status.

(~~gh~~) Documentation of legal right to provide care, **either through consent of a parent or legal guardian, or by court order.**

(~~hi~~) Authorization to provide medical, dental, and surgical care and treatment as provided in section 14a(1), (2), and (3) of ~~1973 PA 116~~ **the act**, MCL 722.124a.

(~~ij~~) A brief description of the circumstances leading to the need for care.

(~~jk~~) Documentation that the grievance policy was provided as required in R 400.4132.

R 400.4153 Shelter care and detention institutions; preliminary service plans.

Rule 153. (1) Within 7 calendar days of admission, a plan ~~shall~~ **must** be developed for each ~~resident~~ **youth**. The plan ~~shall~~ **must** include all of the following:

(a) The reason for care **and treatment.**

(b) An assessment of the ~~resident's~~ **youth's** immediate and specific needs, **including input by the youth and parent or legal guardian.**

(c) The specific services to be provided by the **child caring** institution.

(d) Other resources to meet the ~~resident's~~ **youth's** needs.

(2) Copies of the plan shall be maintained at the child caring institution, and provided to the youth, parent or legal guardian, and the referring agency.

R 400.4154 Shelter care and detention institutions; service plans.

Rule 154. (1) Within 30 calendar days after admission and every 15 calendar days thereafter, ~~a~~ **child caring** institution ~~shall~~ **must** complete a written service plan. The service plan ~~shall~~ **must** include all of the following:

(a) The reason for continued care.

(b) Evaluation of service needs **including input by the youth and parent or legal guardian.**

(c) Ongoing service needs.

(d) How service needs will be met.

(e) Unmet service needs and the reasons those needs are unmet.

(2) Copies of the plan shall must be maintained at the child caring institution, and provided to the youth, parent or legal guardian, and the referring source.

R 400.4155 **Child caring** ~~institutions~~ not detention ~~institutions~~ or shelter care ~~institutions~~;

facilities; initial treatment plan.

Rule 155. (1) The social service worker shall ~~complete, sign, and date~~ an initial treatment plan for each ~~resident youth~~ within 30 calendar days of admission.

(2) The initial treatment plan ~~developed by the social worker shall~~ **must** document input from the ~~resident youth;; the resident's youth's parents;; the youth's medical or mental health provider or clinician, or both; independent accessor;~~ direct care staff;; and the referral source, unless documented as inappropriate.

(3) The initial treatment plan shall include all ~~of~~ the following:

(a) An assessment of the ~~resident's youth's~~ and family's strengths and needs, **including input from the youth, and parent or legal guardian.**

(b) Plans for parent and ~~child visitation~~ **youth family time.**

(c) Treatment goals to ~~remedy the problems of the resident~~ **improve youth** and family **functioning**, and time frames for achieving the goals.

(d) Indicators of goal achievement.

(e) The person responsible for coordinating and implementing the ~~resident youth~~ and family treatment goals.

(f) Staff techniques for achieving the ~~resident's youth's~~ treatment goals, including a specific ~~behavior management plan~~. The plan shall **must** be designed to ~~minimize~~ **promote healing and prevent** seclusion and restraint and include a continuum of **crisis prevention and intervention and de-escalation** responses to ~~problem the youth's~~ behaviors.

(g) Projected length of stay and next placement.

(h) Permanency plan and steps that will be taken to achieve permanency.

~~(hi)~~ For youth who are permanent court wards or MCI wards, there must be documented co-ordination with the agency ~~assigned to complete adoption or~~ **responsible for case management to achieve permanency planning as soon as possible** for the youth.

~~(ij)~~ For youth 14 years of age and over, a plan to prepare the youth for functional independence.

(4) The social service worker shall **must** sign and date the initial treatment plan.

(5) The social service supervisor shall **must, within 14 days of receipt of the worker's initial treatment plan**, approve, countersign, and date the initial treatment plan.

(6) Copies of the plan will be maintained at the child caring institution, and provided to the youth, parent or legal guardian, and the referring source.

R 400.4156 **Child caring institutions not detention institutions or shelter care institutions facilities; updated treatment plan.**

Rule 156. (1) The social service worker shall ~~must~~ **complete, sign, and date** an updated treatment plan for each ~~resident youth~~ at least once every 90-calendar days following the initial treatment plan.

(2) The updated treatment plan ~~developed by the social worker shall~~ **must** document input from the ~~resident youth;; the resident's youth's parents;; the youth's medical or mental health provider or clinician, or both;~~ direct care staff;; and the referral source, unless documented as inappropriate.

(3) The updated treatment plan shall **must** include all ~~of~~ the following information:

(a) Dates, persons contacted, type of contact, and place of contact.

(b) Progress made toward achieving the goals established in the previous treatment plan, **including input by the youth and parent or legal guardian.**

(c) Changes in the treatment plan, including new problems and new goals to ~~remedy the problems~~ **improve youth and family and functioning**. Indicators of goal achievement and time frames for achievement shall **must** be specified along with a specific ~~behavior management~~ **behavioral and calming plan** designed to ~~minimize~~ **promote healing and prevent** seclusion and restraint and that

includes a continuum of **crisis prevention and intervention and de-escalation techniques** responses to **respond** to ~~problem~~ the youth's- behaviors.

(d) For youth who are permanent court wards or MCI wards, there must be documented co-ordination with the agency assigned to ~~complete adoption or~~ **responsible for case management to achieve permanency planning for the youth as soon as possible.**

(e) For youth 14 years of age and over, a plan to prepare the youth for functional independence.

(4) The social service worker ~~shall~~ **must** sign and date the ~~initial~~ **updated** treatment plan.

(5) The social service supervisor ~~shall~~ **must, within 14 days of receipt of the worker's updated treatment plan,** approve, countersign, and date the updated treatment plan.

(6) Copies of the plan will be maintained at the child caring institution, and provided to the youth, parent or legal guardian, and the referring source.

R 400.4157 Behavioral management and calming plan.

Rule 157. (1) ~~An child caring institution will shall establish and follow~~ **develop** written policies and procedures that describe the institution's behavior management system. ~~The policies and procedures shall be reviewed annually and updated as needed. These shall be available to all residents, their families, and referring agencies.~~ **implement a behavioral and calming plan that includes all the following:**

(a) Development of agency-based crisis prevention and intervention strategies that are strength-based and non-coercive. The plan will be used to support staff development and assist youth in self-regulation and social skills. An agency plan will include all the following:

(i) On-site, sensory-based interventions that will be made available to youth.

(ii) A physical environment that promotes comfort and healing.

(iii) Access to a youth's support team, which may include peer support.

(iv) Youth engagement with family.

(v) In the absence of family, developing a community of support for youth.

(vi) Opportunities to teach youth dispute resolution, conflict mediation, and negotiation skills.

(vii) Staff awareness and inclusion in each youth's behavior and calming plan that is updated regularly, as needed.

(b) A plan for regular review and modification of each youth's behavioral and emotional support plan at least on a quarterly basis or more frequently as needed.

(c) Development of an individualized behavioral and calming plan for each youth that includes:

(i) Safety and calming strategies unique for each youth, including options for support tools.

(ii) Utilizes trauma responsive and best practices.

(iii) A youth-centered prevention plan incorporating input and ideas from the youth and family.

(iv) Strength-based and non-coercive crisis prevention and intervention strategies that will be used to assist a youth in self-regulation and social skills.

(v) Options for fresh air, movement, and exercise.

(2) ~~At a minimum, the behavior management system shall include all of the following:~~

~~(a) A structured system designed to reward the positive behavior of individual residents based upon the effort put forth.~~

~~(b) Positive intervention strategies to assist residents in developing improved problem solving, self-management, and social skills.~~

~~(c) Written guidelines for informally resolving minor misbehavior.~~

~~(d) Written rules of conduct that specify all of the following:~~

~~(i) Expected behavior.~~

~~(ii) Acts that are prohibited in the institution.~~

~~(iii) The range of interventions that may be imposed for violation of those rules.~~

~~(e) Scheduled training for institution personnel in the behavior management system.~~

~~(f) A provision for resident input into the proper application of the behavior management system~~

The child caring institution must continually educate and support workforce competency and skill development to effectively implement the institution's behavioral and calming plan approach.

(3) The agency written behavioral and calming plan policies must be reviewed annually and updated as needed.

~~(g4) A provision for the distribution of behavior management policies and procedures to~~ Upon admission, the agency **child caring institution must** ~~shall~~ provide each residents, parents, youth, family, and referral agencies, **a handbook that includes the institution's written behavioral and calming plan policies summarized in appropriate language. The actual policies must be available and provided upon request.**

R 400.4158 Discipline Intervention standards and prohibitions.

Rule 158. (1) ~~An~~ **child caring** institution shall establish and follow written policies and procedures regarding discipline. ~~These shall be available to all residents, their families, and referring agencies. that~~ **prohibit the following forms of intervention:**

(a) Any type of physical punishment including, but not limited to:

(i) Use of chemical agents including, but not limited to, pepper spray, tear gas, and mace.

(ii) Hitting or striking, throwing, kicking, pulling, or pushing a youth on any part of their body for the purpose of punishment.

(iii) Threats of restraint, seclusion, punishment, or otherwise suggesting physical or emotional harm to a youth.

(iv) Verbal abuse including the use of derogatory or discriminatory language including negative references to a youth's background or appearance or mental state. Yelling, threats, ridicule, or humiliation are strictly prohibited.

(v) Peer-on-peer discipline.

(b) Denial of any essential program services as punishment. These include, but are not limited to, the following:

(i) Food or creating alternative menus.

(ii) Family time or communications with family.

(iii) The opportunity for at least 8 hours of sleep in a 24-hour period.

(iv) Shelter, clothing, medical care, or essential personal needs, including culturally specific items.

(v) Any actions that inhibit a youth's ability to achieve permanency.

~~(2) An institution shall prohibit all cruel and severe discipline, including any of the following:~~

~~(a) Any type of corporal punishment inflicted in any manner.~~

~~(b) Disciplining a group for the misbehavior of individual group members.~~

~~(c) Verbal abuse, ridicule, or humiliation.~~

~~(d) Denial of any essential program services, including adoption planning.~~

~~(e) Withholding of food or creating special menus for behavior management purposes.~~

~~(f) Denial of visits or communications with family.~~

~~(g) Denial of opportunity for at least 8 hours of sleep in a 24-hour period.~~

prohibited practices to all youth, their families, and referring agencies upon admission.

~~(3) Residents shall not be permitted to discipline other residents.~~

R 400.4159 Resident Youth restraint; pregnant youth; reduction, prevention; prohibited restraints; elimination of restraints.

Rule 159. (1) ~~An~~ **child caring institution must shall** establish and follow written policies and procedures regarding restraint **a process improvement and restraint reduction/elimination plan that:**

- (a) Includes documentation of each restraint.**
- (b) Requires staff training in approved crisis prevention and intervention techniques including:**
 - (i) Prevention, de-escalation techniques, and non-violent responses to assaultive behavior.**
 - (ii) Conflict management.**
 - (iii) Minimizing trauma.**
 - (iv) Staff emotional self-regulation techniques.**
- (c) Training must be conducted by certified trainers.**
- (d) Staff must complete refresher training annually or more frequently as needed.**
- (e) The agency must maintain documentation verifying staff training.**
- (f) The agency will review all restraints at least monthly.**
- (g) The agency shall establish a restraint reduction committee for the purpose of analysis, process improvement, communication, and recognition of efforts to eliminate the use of restraints.**

~~These policies and procedures shall be available to all residents, their families, and referring agencies.~~

~~(2) Resident restraint must be performed in a manner that is safe, appropriate, and proportionate to the severity of the minor child's behavior, chronological and developmental age, size, gender, physical condition, medical condition, psychiatric condition, and personal history, including any history of trauma, and done in a manner consistent with the resident's treatment plan. The following restraints are strictly prohibited:~~

- (a) Use of chemical restraints as defined in section 2b of the act, MCL 722.112b.**
- (b) Use of pressure point control and pain adherence techniques at the facility.**
- (c) Use of straightjackets, hogtying, and restraint chairs.**
- (d) Restraining youth to fixed objects, including beds or walls.**
- (e) Restraining youth in a prone position or any restraint that restricts the youth's airway.**
- (f) Using restraints for punishment, discipline, retaliation, or humiliation.**
- (g) Peer-on-peer discipline or utilizing the assistance of another youth to implement a restraint.**

~~(3) Subrules (4) and (5) apply to those public or private licensed child caring institutions for which the primary purpose is to serve juveniles that have been accused or adjudicated delinquent for having committed an offense, other than a juvenile accused or adjudicated under section 2 of chapter XIA of the probate code of 1939, 1939 PA 288, MCL 712A.2. For a youth who is pregnant, including a youth who is in labor, delivery, or post-partum recovery, mechanical restraints are prohibited. In addition, the following restraints are prohibited for use on pregnant youth:~~

- (a) Abdominal restraints.**
- (b) Leg and ankle restraints.**
- (c) Wrist restraints behind the back.**
- (d) Four or five-point restraints.**

~~(4) Mechanical restraints must not be used on pregnant youth, including youth who are in labor, delivery, and post-partum recovery, unless credible, reasonable grounds exist to believe the youth presents an immediate and serious threat of hurting self, staff, or others. Only the least restrictive intervention necessary to prevent immediate harm to the youth or others may be used and follows an individualized set of graduated interventions that avoid the use of restraints.~~

~~(5) The following restraints are prohibited for use on pregnant youth unless reasonable grounds exist to believe the youth presents an immediate and credible risk of escape that cannot be reasonably minimized through any other method:~~

- ~~(a) Abdominal restraints.~~
- ~~(b) Leg and ankle restraints.~~
- ~~(c) Wrist restraints behind the back.~~

~~(d) Four point restraints on known pregnant juveniles.~~ **In the event a restraint occurs, it must be performed in a manner that is safe, appropriate, and proportionate to the severity of the youth's behavior, chronological and developmental age, size, gender, physical condition, medical condition, psychiatric condition, and personal history, including any history of trauma, and must be done in a manner consistent with the youth's treatment plan.**

~~(6) The written policy must include all of the following:~~

~~(a) Procedures for the review of an incident of restraint within 48 hours by a level of supervision above the staff ordering or conducting the restraint to determine if the requirements of the institution's procedures were adhered to in directing and conducting the restraint.~~

~~(b) Procedures for the provision of sufficient and adequate training for all staff members of the institution who may use or order the use of restraint using the institution's written procedures.~~

~~(c) Procedures for recording restraints as an incident report.~~

~~(d) Procedures for the review and aggregation of incident reports regarding restraints at least biannually by the institution's director or designee.~~ **If a personal or mechanical restraint is used, staff must use the permitted methods of personal and mechanical restraint, appropriate techniques for use of restraints, and the child caring institution must provide guidance to staff in deciding what level of restraint to use if that becomes necessary.**

~~(7) The written policy must only permit the licensee to restrain a child for the following circumstances:~~

~~(a) To prevent injury to the child, self injury, or injury to others.~~

~~(b) As a precaution against escape or truancy.~~

~~(c) When there is serious destruction of property that places a child or others at serious threat of violence or injury if no intervention occurs.~~ **Restraint must not last longer than the minimal duration of time it takes for a youth to calm down and to restore safety.**

~~(8) The written policy must prohibit, at a minimum, any of the following aversive punishment procedures:~~

~~(a) The use of noxious substances.~~

~~(b) The use of instruments causing temporary incapacitation.~~

~~(c) Chemical restraint as defined in the act.~~ **Staff must continuously monitor the youth's breathing and other signs of physical distress and take appropriate action to ensure adequate respiration, circulation, and overall well-being.**

~~(9) Restraint equipment and physical restraint techniques must not be used for punishment, discipline, or retaliation.~~ **When an emergency health situation occurs or the youth exhibits sign of physical distress occurs during the restraint, staff must immediately obtain treatment for the youth.**

~~(10) The use of a restraint chair is prohibited.~~ **All restraints for child caring institutions that are not secure juvenile justice facilities, with the exception of an emergency restraint as provided in R 400.4160, will be prohibited effective May 1, 2022.**

~~(11) Resident restraint must only be applied for the minimum time necessary to accomplish the purpose for its use as specifically permitted in subrule (2) of this rule. Approval of a supervisor must be obtained when the restraint lasts more than 20 minutes.~~

~~(12) The approval of the administrator or his or her designee must be obtained before any use of material or mechanical restraints. A staff member shall be present continuously while material or mechanical restraint equipment is being used on a resident, and the staff member shall remain in close enough proximity to the restraint to intervene immediately in case of emergency to protect the safety of the resident.~~

~~(13) A staff person shall document each use of material or mechanical restraint equipment in a written record and shall include all of the following information:~~

~~(a) The name of the resident.~~

- ~~(b) The name of the administrator or designee who authorized the use of the equipment, and the time of the authorization.~~
- ~~(c) The time the restraint equipment was applied.~~
- ~~(d) The name of the staff member who was responsible for the application.~~
- ~~(e) A description of the specific behavior that necessitated its use.~~
- ~~(f) The name of the staff person who was continuously with the resident.~~
- ~~(g) The date and time of removal of the equipment and the name of the person removing the equipment.~~

R 400.4160 Seclusion rooms; department approval required. Emergency restraint.

~~Rule 160. (1) Prior to establishing a seclusion room, an institution shall obtain written approval from the department's licensing authority and the department of licensing and regulatory affairs, bureau of fire services.~~ **The use of emergency restraint as a lifesaving response of a youth will be limited to:**

(a) An emergency response to protect the youth or others from immediate serious physical harm, as that term is defined in section 136b(1)(f) of the Michigan Penal Code, 1931 PA 328, MCL 750.136b.

(b) When all other interventions in the agency crisis prevention and intervention plan and the youth's individual safety and calming plan have been utilized but fail to protect the youth or others from serious physical harm.

(c) The emergency restraint must not last longer than needed to end the threat of serious physical harm.

(d) Staff must continuously monitor the youth's breathing and other signs of physical distress and take appropriate action to ensure adequate respiration, circulation, and overall well-being.

(e) The youth must be released immediately when an emergency health situation occurs or a situation that presents physical distress occurs during the restraint. Staff must obtain immediate medical treatment for the youth.

~~(2) Prior to changing policies related to the use of a seclusion room, an institution shall obtain written approval from the department's licensing authority.~~

R 400.4161 Seclusion rooms; policies and procedures. Secure juvenile justice facilities; mechanical restraint; policies and procedures; prohibitions.

~~Rule 161. An institution approved to use a seclusion room shall establish and follow written policies and procedures specifying its use. The policy shall include, at a minimum, all of the following provisions:~~

~~(a) Seclusion shall be performed in a manner that is safe, appropriate, and proportionate to the severity of the minor child's behavior, chronological and developmental age, size, gender, physical condition, medical condition, psychiatric condition, and personal history, including any history of trauma.~~

~~(b) The room may only be used if a resident is in danger of jeopardizing the safety and security of himself, herself, or others.~~

~~(c) The room shall be used only for the time needed to change the behavior compelling its use.~~

~~(d) Not more than 1 resident shall be placed in a room at 1 time.~~

~~(e) Staff shall observe the resident at intervals of 15 minutes or less and shall record the observation in a seclusion room log. Video surveillance shall not be the only means of observation.~~

~~(f) The log shall include all of the following information:~~

~~(i) Name of resident.~~

~~(ii) Time of each placement.~~

~~(iii) Name of staff person responsible for placement.~~

~~(iv) Description of specific behavior requiring use or continued use of the room and interactive strategy for removal.~~

~~(v) Medical needs addressed during seclusion, including medication administration.~~

~~(vi) Time of each removal from the room.~~

~~(g) The room shall be equipped to minimize suicide risk and risk of physical injury. Break-resistant glass glazing and/or security screening shall be provided.~~

~~(h) The monitoring device or devices in a seclusion room shall be on and monitored by an employee when a resident is in the room.~~

(1) Secure juvenile justice facilities must develop and implement written policies and procedures regarding the use of mechanical restraint in actual practice in secure detention and residential treatment juvenile justice facilities.

(2) Staff are prohibited from doing the following:

(a) Handcuffing youth together during transportation or restraining youth to a vehicle.

(b) Leave sleeping youth in restraints.

(c) Leaving a restrained youth alone.

(3) The only mechanical restraints that staff may use within a facility are handcuffs unless circumstances require and written approval is given by the chief administrator for the use of leg shackles, leg bar, or belly chains or belly belts, or both.

(4) Within the facility or during transportation to or from the facility, staff may use handcuffs when an assessment has been made that the youth presents a current risk of escape or serious, recent assaultive behavior has been documented and there are no other means available to provide for the safety of other youth and staff. In the rare instances that staff need additional restraints as described in subrule (3) of this rule during transportation, staff must document specific reasons for the use of any mechanical restraint other than handcuffs and obtain written approval by the chief administrator.

(5) During secure facility emergencies, such as a lockdown or riot, staff may use handcuffs and belly chains to prevent serious injury or escape. Staff must remove handcuffs and other restraints promptly after the youth is placed in his or her room or is otherwise in a safe place.

(6) In the event a mechanical restraint occurs, it must be performed in a manner that is safe, appropriate, and proportionate to the severity of the youth's behavior, chronological and developmental age, size, gender, physical condition, medical condition, psychiatric condition, and personal history, including any history of trauma, and done in a manner consistent with the youth's treatment plan.

(7) If a mechanical restraint is used, staff must use the permitted methods of mechanical restraint and appropriate techniques for use of restraints, and the agency shall provide guidance to staff in deciding what level of restraint to use if that becomes necessary.

(8) Restraint may not last longer than the minimal duration of time it takes for a youth to regain self-control and to restore safety.

(9) Staff must continuously monitor the youth's breathing and other signs of physical distress and take appropriate action to ensure adequate respiration, circulation, and overall well-being.

(10) The youth must be released immediately when an emergency health situation occurs or a situation that presents physical distress occurs during the restraint. Staff must obtain immediate medical treatment for the youth.

R 400.4162 Seclusion rooms within secure and nonsecure facilities; seclusion plan; prohibitions; reduction and elimination.; administrative oversight.

Rule 162. (1) The chief administrator or chief administrator designee shall be informed of all instances of placement into a seclusion room within 24 hours.

~~(2) The chief administrator or chief administrator designee shall track all instances of the use of a seclusion room, the length of each confinement, the frequency of individual residents confined, the reason for the confinement, and the staff person who initiated the confinement for the purpose of analyzing the effectiveness of the intervention for controlling behavior in the program.~~

~~(3) For each instance in which a resident remains in the room for more than an hour, the log shall contain documentation of supervisory approval and the reasons for continued use.~~

~~(4) For each instance in which a resident remains in the room for more than 2 hours, the log shall contain hourly supervisory approval and the reasons for continued use.~~

~~(5) When the seclusion room is used for more than 3 hours, administrative review above the level of the supervisor who approved the extended use shall be completed and documented within 48 hours.~~

(1) An agency must establish a process improvement and a seclusion reduction/elimination plan that addresses the following areas:

(a) Requires staff training in approved crisis prevention and intervention techniques including:

(i) Prevention, de-escalation techniques, and non-violent response to assaultive behavior.

(ii) Conflict management.

(iii) Minimizing and addressing trauma for youth and staff.

(b) Training must be conducted by certified trainers.

(c) Staff shall complete refresher training annually or more frequently as needed.

(d) Access to youth support team members.

(e) Review and update the youth's individual behavioral and calming plan, as needed.

(2) Prior to using seclusion, staff must use less restrictive techniques to de-escalate the situation such as talking with youth, bringing in other staff or qualified mental health professionals to assist, or engaging family members other youth to talk with the youth. Prior to using seclusion or immediately after placing a youth in seclusion, staff will explain to the youth the reasons for the seclusion and the fact that he or she will be released upon regaining self-control.

(3) Seclusion must be performed in a manner that is safe, appropriate, and consistent with the youth's chronological and developmental age, size, gender, physical condition, medical condition, psychiatric condition, and personal history, including history of trauma.

(4) Staff must only use seclusion as a temporary response to prevent life-threatening injury or serious bodily harm when other interventions are ineffective.

(5) Staff may not use seclusion for discipline, punishment, administrative convenience, retaliation, staffing shortages, or reasons other than a temporary response to behavior that threatens immediate harm to a youth or others.

(6) Staff may not place youth in seclusion for fixed periods of time. Staff must release the youth from seclusion as soon as the youth has regained self-control and is no longer engaging in behavior that threatens immediate harm to the youth or others.

(7) During the time that a youth is in seclusion, staff will engage continuous or periodic one-on-one observation on a case-by-case basis as the situation requires.

(8) Youth in seclusion must have reasonable access to water, toilet facilities, and hygiene supplies.

(9) Staff will keep designated areas used for seclusion clean, appropriately ventilated, and at comfortable temperatures.

(10) Designated areas used for seclusion must be suicide-resistant and protrusion-free.

(11) All seclusion will be prohibited effective May 1, 2022.

R 400.4163 Secure facilities serving juvenile justice youth; seclusion room. Health status assessment; notification; debriefing; reporting.

Rule 163. (1) A child caring institution shall not confine a resident in a room as punishment for misconduct except within a secure facility serving exclusively juvenile justice youth.

~~(2) The institution shall establish and follow a written policy, which, at a minimum, includes all of the following:~~

- ~~(a) Supervisory approval prior to use of seclusion as punishment.~~
 - ~~(b) A process that allows the resident all the following:~~
 - ~~(i) Written notice of the alleged misconduct.~~
 - ~~(ii) Written notice of actions that can be taken to be released.~~
 - ~~(iii) Items in subrule (2)(b)(i) and (ii) of this rule shall be provided to the resident before the seclusion begins.~~
 - ~~(iv) If a resident is originally placed in seclusion for a reason other than a sanction and the institution determines that the confinement will also be used as a sanction, the items in subrule (2)(b)(i) and (ii) of this rule shall be provided not later than 24 hours after the resident is placed into seclusion.~~
 - ~~(c) All sanctions of room confinement shall be for specific periods of time.~~
 - ~~(d) A sanction of room confinement shall not exceed 72 hours inclusive of any time spent in seclusion for out-of-control behavior at the time of the incident itself. Sanctions of 72 hours shall be reserved for only the most serious misconduct.~~
 - ~~(e) Staff shall observe the resident at intervals of 15 minutes or less and shall record the observation in a seclusion room log.~~
 - ~~(f) The log shall include all of the following information:~~
 - ~~(i) Name of resident.~~
 - ~~(ii) Time of each placement.~~
 - ~~(iii) Name of staff person responsible for each placement.~~
 - ~~(iv) Description of specific behavior requiring use of room.~~
 - ~~(v) Time of observations of resident.~~
 - ~~(vi) Time of each removal from room.~~
 - ~~(vii) Addressing of medical needs, including medication administration.~~
 - ~~(g) An institution shall not implement a resident reintegration behavior plan that extends the period of room confinement. A resident shall be released from room confinement at the end of the specified period.~~
- ~~(3) Prior to establishing or changing a policy under this rule, an institution shall have written approval from the department licensing authority.~~

(1) The agency shall develop and implement written procedures for health status screening, notifications, debriefing, and reporting when a restraint, including an emergency restraint, or seclusion is used.

(2) Health status screening of the youth will occur immediately after seclusion or restraint by staff assigned to this screening as defined in agency policy. If the youth has any physical complaints or if the screening staff has any concerns, depending on the severity of the complaint or concerns, the staff will arrange for the youth's health needs to be met immediately by any of the following actions:

- (a) Consultation with the on-call or onsite nursing staff.**
 - (b) Referral for an off-site health assessment.**
 - (c) Contacting emergency medical services.**
- (3) Notification must be made to the following individuals in the event of a restraint or seclusion:**
- (a) If a restraint or seclusion does not involve injury or medical intervention, or an injury that does not give rise to a serious injury as defined by section 8 of the child protection law, 1975 PA 238, MCL 722.628, the following individuals shall be notified within 12 hours:**
 - (i) The youth's parent or parents or legal guardian or guardians, including the MCI Superintendent, if applicable.**
 - (ii) The youth's child and family caseworker.**

- (iii) The youth's attorney or guardian ad litem.
- (iv) The youth's advocate, if applicable.
- (v) Any other individual the court finds appropriate for notification.
- (b) If a restraint or seclusion results in serious injury, the following individuals shall be notified as soon as possible but no later than 6 hours after the incident:
 - (i) The youth's parent or parents or legal guardian or guardians, including the MCI Superintendent, if applicable.
 - (ii) The youth's child and family caseworker.
 - (iii) The youth's attorney or guardian ad litem.
 - (iv) The youth's advocate, if applicable.
 - (v) Any other individual the court finds appropriate for notification.
- (c) The notification shall include all the following:
 - (i) The date and time of the restraint or seclusion.
 - (ii) A brief summary of events that led to the restraint or seclusion.
 - (iii) The actions taken following the restraint or seclusion, including any medical services provided.
 - (iv) A plan for debriefing following the incident, including how the notified individual will be engaged in the debriefing process.
- (4) The agency shall implement a debriefing protocol containing the following characteristics:
 - (a) Consistent with trauma-informed principles.
 - (b) Consistent with the agency's crisis prevention and intervention processes.
 - (c) Inclusive of involved youth and caregivers, staff directly involved in the incident, supervisors, management, and agency leadership.
 - (d) Informs ongoing quality improvement in the treatment of the individual youth.
 - (e) Informs ongoing quality improvement in the agency's programs, policies, and practices.
- (5) An agency will provide an incident report on a form prescribed by the department for each incident involving the use of seclusion or restraint. The initial report shall be submitted to the department with 24 hours of the incident occurring. A final incident report shall be submitted no later than 72 hours after the incident has occurred.
- (6) If mechanical restraint was used, the report must also include the following:
 - (a) Name of administrator or designee who approved equipment use.
 - (b) Time of the authorization.
 - (c) Specific rationale for use.
 - (d) Time equipment was applied and removed, if different than the time of the overall incident.
 - (e) Name of the staff member who applied the equipment.
 - (f) Name or names of staff member or staff members continuously present with the youth throughout mechanical restraint use.
- (7) The facility administrator shall review the use of restraint and seclusion on a quarterly basis to ensure that staff only use it as a temporary response to behavior that threatens immediate harm to the youth or others. Based upon the administrative review, a process improvement plan shall be implemented to address:
 - (a) Strategies to prevent use of restraints and seclusions for youth.
 - (b) Improve staff competency in non-physical crisis prevention and intervention techniques.
- (8) The agency's policies and procedures shall be provided and explained to all youth, their families, and referring agencies.

R 400.4164 Secure facilities serving juvenile justice youth; reintegration. **Rescinded.**

~~Rule 164. A secure facility that serves juvenile justice youth may have policies and~~

~~procedures used to reintegrate youth who have been placed in seclusion back into the program. A facility shall not use reintegration in conjunction with seclusion that has been used as a sanction for misconduct, if that would extend a resident's confinement for more hours than the original sanction or more than 72 total hours. The policy for reintegration shall include, at a minimum, all of the following:~~

- ~~(a) The room may only be used for the time needed to change the behavior compelling its use~~
- ~~(b) When a resident has been in seclusion for more than 2 hours, the reintegration plan shall be developed at the supervisory level and shall include all of the following:~~
 - ~~(i) A clear statement of the out-of-control behavior or risk to others that requires continued seclusion.~~
 - ~~(ii) Target behavioral or therapeutic issues that must be resolved.~~
 - ~~(iii) Specific reintegration requirements or behavioral or therapeutic intervention assignments and goals that must be completed while the resident is in the seclusion room, listed in writing, and shared with the resident.~~
 - ~~(iv) If intermittent removal from the seclusion room is required for the resident to work on the specific behavioral/therapeutic intervention goals, the level of restriction from the program and goals for the period of time out of the room must be listed in writing and shared with the resident.~~
 - ~~(v) The strategies staff are to use to aide the resident in resolving the issues requiring seclusion and reintegrating into the program.~~
- ~~(c) The secure facility serving juvenile justice youth shall comply with R 400.4162.~~
- ~~(d) A reintegration plan shall not last longer than 72 hours.~~

R 400.4165 Secure facilities serving juvenile justice youth; lockdowns.

Rule 165. (1) A secure facility may only use lockdown in situations that threaten facility security, including, but not limited to, riots, taking of hostages, or escape plans involving multiple ~~residents~~ **youth**.

(2) A secure facility serving juvenile justice youth that uses lockdowns in which all ~~residents~~ **youth** are confined to their rooms ~~shall~~ **must** have a written policy that describes the procedures to be followed and includes all of the following:

- (a) Who may order a lockdown.
- (b) Who is to implement the lockdown when it has been ordered.
- (c) How the problem is to be contained.
- (d) Procedures to be followed after the incident is resolved.
- (e) Notification of the licensing authority within 24 hours after the occurrence of a lockdown.

R 400.4166 Discharge plan.

Rule 166. (1) When a ~~resident~~ **youth** is discharged from ~~institutional care~~ **a child caring institution**, all of the following information ~~shall~~ **must** be documented in the case record within 14 days ~~after of~~ discharge:

- (a) The date of and reason for discharge, and the new location of the child.
- (b) A brief summary or other documentation of the services provided ~~while in residence,~~ **to the youth**, including medical and dental services.
- (c) An assessment of the ~~resident's~~ **youth's** needs that remain to be met.
- (d) Any services that will be provided by the facility after discharge.
- (e) A statement that the discharge plan recommendations, including medical and dental follow up that is needed, have been reviewed with the ~~resident~~ **youth** and with the parent and with the responsible case manager.
- (f) The name and official title of the person to whom the ~~resident~~ **youth** was discharged.

(2) For an unplanned discharge, ~~a~~ **child caring institution** ~~shall~~ **must** provide a brief summary or other documentation of the circumstances surrounding the discharge.

(3) When a youth is discharged from a child caring institution, all the following information will be documented in the case record and provided to the subsequent placement within 24 hours:

- (a) Medication list as reviewed and reconciled by nursing staff within 48 hours of discharge.**
- (b) Health problem list as reviewed and reconciled by nursing staff within 48 hours of discharge.**
- (c) List of scheduled procedures, including laboratory studies, as indicated based on the child's health concerns.**

R 400.4167 Case record maintenance.

Rule 167. (1) The **child caring institution** ~~shall~~ **must** maintain a case record for each ~~resident child~~, **including all the following:**

(a) All medical, dental, and mental health visit services provided, whether occurring on or off-site.

(b) Medication administration records.

(c) Laboratory records.

(2) Service plans ~~shall~~ **must** be signed and dated by the social services worker and the social services supervisor.

(3) Narrative entries in the case record ~~shall~~ **must** be signed and dated by the person making the entry.

(4) Records ~~shall~~ **must** be maintained in a uniform and organized manner, ~~shall be~~ protected against destruction and damage, and ~~shall be~~ stored in a manner that safeguards confidentiality.

(5) ~~Resident Youth~~ records ~~shall~~ **must** be maintained for not less than 7 years after the ~~resident youth~~ is discharged.

PART 4. ENVIRONMENTAL HEALTH AND SAFETY

R 400.4401 Applicability.

Rule 401. The rules set forth in this part apply to all **child caring** institutions unless specifically noted otherwise.

R 400.4407 **Child caring institution** Facility and premises maintenance.

Rule 407. (1) A **child caring institution** facility and premises ~~shall~~ **must** be maintained in a clean, comfortable, and safe condition. The ~~facility shall~~ **child caring institution must** be located on land that is properly drained.

(2) All chemical or cleaning supply containers must be properly labeled and stored to prevent unauthorized access by youth.

~~(23)~~ Hazardous areas ~~shall~~ **must** be guarded or posted as appropriate to the age and capacity of the ~~residents youth~~.

~~(34)~~ The ~~facility~~ **child caring institution**, including main and accessory structures, ~~shall~~ **must** be maintained ~~so as to~~ prevent and eliminate rodent and insect harborage.

~~(45)~~ Rooms, exterior walls, doors, skylights, and windows ~~shall~~ **must** be weathertight and watertight and ~~shall be~~ kept in sound condition and in good repair.

~~(56)~~ Floors, interior walls, and ceilings ~~shall~~ **must** be sound and in good repair and ~~shall be~~ maintained in a clean condition.

~~(67)~~ Plumbing fixtures and water and waste pipes **must** be properly installed and maintained in good working condition.

~~(78) Water closet compartments, B~~ bathroom, and kitchen floors ~~shall~~ **must** be constructed and maintained, so as to be reasonably impervious to water, **waterproof**, and be composed of a slip resistant material.

~~(89) Equipment, including~~ **and** recreation devices, **with the exception of playground equipment**, ~~shall~~ **must** be inspected periodically for defects. Proper maintenance ~~shall~~ **must** be carried out to keep equipment in a safe operating condition.

~~(910) Water heaters shall~~ **must** have an operable thermostatic temperature control and a pressure relief valve.

~~(1011) Stairways, porches, and elevated walkways shall~~ **must** have structurally sound and safe handrails.

R 400.4409 Ventilation.

Rule 409. (1) Except for a basement, each habitable room ~~shall~~ **must** have direct outside ventilation by means of windows, louvers, air conditioning, or mechanical ventilation.

(2) During fly **and mosquito** season, between May 1 and October 31, each door, window, and other opening to the outside ~~which that~~ is used for ventilation purposes ~~shall~~ **must** be supplied with standard screens of not less than 16 mesh. Each screen door ~~shall~~ **must** have a self-closing device in working condition and ~~shall~~ swing outward.

(3) Where windows or louvers are used for ventilation, the total openable area for each ~~resident~~ **youth**-occupied room, other than a bathroom, ~~shall~~ **must** not be less than 3 1/2% of the floor area of the room.

R 400.4411 Natural light.

Rule 411. ~~(1) Every sleeping room occupied by residents shall~~ **youth must** have natural light from a source ~~which that~~ is equal to not less than 8% of the floor area for that room. A skylight, louver, glass-blocked panel, or similar light-transmitting device ~~shall may~~ not be counted for more than 50% of the required area in place of conventional windows and glass doors.

~~(2) Every habitable room shall have artificial light capable of providing not less than 20 footcandles of illumination at a height of 3 feet above the floor.~~

R 400.4414 Water supply.

Rule 414. (1) The water supply for an **child caring** institution ~~shall comply must adhere with to the requirements of the department of public health drinking water standards established by the department of environment, great lakes and energy, or local requirements.~~ Installation of new wells or repairs on existing wells ~~shall~~ **must** be done by water drilling contractors registered under sections 12701 to 12721 of **the public health code, Act No. 368 of the Public Acts of 1978 PA 368, as amended, being S MCL 333.12701 to 333.12721. of the Michigan Compiled Laws.**

(2) Each sink, lavatory, bath, shower, drinking fountain, and other water outlet ~~shall~~ **must** be supplied with safe and potable water, which is sufficient in quantity and pressure to meet the conditions of peak demand. Hot and cold or tempered water ~~shall must~~ be provided in each sink, lavatory, bath, and shower. Hot water temperatures ~~shall may~~ not exceed 120 degrees Fahrenheit at outlets accessible to ~~residents~~ **youth**.

(3) Plumbing ~~shall~~ **must** be installed and maintained to prevent cross connections with the water supply.

R 400.4417 Toilet and bathing facilities.

Rule 417. Toilet and bathing facilities ~~shall~~ **must** be provided as follows:

(a) Toilets that allow for individual privacy, unless inconsistent with a toilet training program or security program.

(b) Bathing and toilet fixtures that are specially equipped if used by ~~the physically handicapped~~ **individuals with a physical handicap.**

(c) At least 1 toilet, lavatory, and tub or shower, which are easily accessible from sleeping quarters, for each ~~8 residents-youth.~~

(d) Soap and hand and body drying material must be available for the youth in each toilet and bathing facility.

R 400.4420 ~~Food service establishment and facilities, equipment, and procedures.~~ **Rescinded.**

~~Rule 420. Facilities, equipment, and procedures used in the preparation, storage, and service of food shall comply with the applicable provisions of sections 12901 to 12922 of Act No. 368 of the Public Acts of 1978, as amended, being SS333.12901 to 333.12922 of the Michigan Compiled Laws. 12909 The facilities, equipment, and procedures required shall depend on the amount of food service and the type of food service operation.~~

R 400.4426 Garbage and refuse.

Rule 426. (1) Garbage ~~shall~~ **must** be stored in ~~fly~~-**animal and insect**-tight, watertight containers with tight-fitting covers. A garbage can ~~shall~~ **must** be provided with a waterproof liner or ~~shall~~ be thoroughly cleaned after each emptying.

(2) Garbage and refuse ~~shall~~ **must** be removed at intervals of at least once a week.

R 400.4428 Sewage disposal.

Rule 428. Sewage and other water-carried wastes ~~shall~~ **must** be disposed of through a municipal sewer system where such a system is available. Where a municipal sewer connection is not available, liquid waste shall be discharged into an approved private system. The private system ~~shall may~~-not create a nuisance or pollute a stream, lake, or other body of water or contaminate a water supply or bathing place and ~~shall comply must adhere with to~~ applicable local health department requirements.

R 400.4431 Heating equipment.

Rule 431. (1) Heating equipment ~~shall~~ **must** be capable of maintaining a **minimum** temperature of not less than ~~68~~ **65** degrees Fahrenheit at a point ~~4~~ **2** feet above the floor. **Cooling measures must occur at a maximum 82 degrees.** An accurate thermometer ~~shall~~ **must** be provided.

(2) Hot water radiators or steam radiators and pipes or any other heating device capable of causing a burn ~~shall~~ **must** be effectively shielded.

R 400.4435 Swimming beaches and pools.

Rule 435. (1) The water and beach area of a natural swimming area of ~~an~~ **child caring** institution ~~shall~~ **must** be free from contamination by garbage, refuse, sewage pollution, and hazardous foreign or floating materials. A survey or evaluation of the quality of the water at the swimming area ~~shall~~ **must** be made in accordance with sections 12541 to ~~12563~~ **12546 of the public health code, 1978** of Act No. ~~PA 368, of the Public Acts of 1978, as amended, being SS MCL 333.12541 to 333.12563~~ **12546.** of the ~~Michigan Compiled Laws; and the rules promulgated thereunder.~~

(2) ~~An~~ **child caring** institution's artificial swimming pool ~~shall~~ **must** be constructed and maintained in accordance with sections 12521 to 12534 of Act No. ~~368 of the Public Acts of 1978~~ **PA 368, as amended, being SS MCL 333.12521 to 333.12534 of the Michigan Compiled Laws, and the rules promulgated thereunder.**

R 400.4436 Food service establishment and facilities, equipment, and procedures.

Rule 436. A facility licensed as a food service establishment must adhere to sections 12905 and 12909 of the public health code, 1978 PA 368, MCL 333.12905 and 333.12909. A facility not licensed as a food service establishment must follow the requirements as set forth in R 400.4437 to R 400.4439.

R 400.4437 Food preparation areas.

Rule 437. (1) Food contact surfaces must be smooth, nontoxic, easily cleanable, durable, corrosion resistant, and nonabsorbent.

(2) Carpeting is prohibited in food preparation areas.

(3) Mechanical ventilation to the outside is required for all commercial cooking equipment, which includes, but is not limited to, stoves, ranges, ovens, and griddles.

(4) If residential hood ventilation is used, then cooking equipment must be limited to residential stove and oven equipment.

(5) Mechanical ventilation to the outside may be required if a problem is evidenced.

(6) The use of deep fryers is prohibited.

(7) Live animals are prohibited in food preparation and eating areas.

R 400.4438 Food and equipment storage.

Rule 438. (1) Each refrigerator must have an accurate working thermometer indicating a temperature of 41 degrees Fahrenheit or below.

(2) All artificial lighting fixtures located over, by, or within food storage, preparation, and service areas, or where utensils and equipment are cleaned and stored, must be properly shielded.

(3) Unpackaged bulk foods must be stored in clean covered containers, dated, and labeled as to the contents.

(4) Food not subject to further washing or cooking before serving must be stored in a way that protects it from cross-contamination from food requiring washing or cooking.

(5) Packaged food must not be stored in contact with water or undrained ice.

(6) Poisonous or toxic materials must not be stored with food, food service equipment, utensils, or single-service articles.

(7) Food, food service equipment, and utensils must not be located under exposed or unprotected sewer lines, open stairwells, or other sources of contamination. Automatic fire protection sprinkler heads are the exception.

(8) The storage of food, food service equipment, or utensils in toilet rooms is prohibited.

(9) Food and utensils must be stored in a cabinet or a shelf above the floor.

(10) All food service equipment must be above the floor and moveable, or be properly sealed to the floor.

(11) Meals that are transported must be prepared in commercial kitchens and delivered in carriers approved by the local health department.

R 400.4439 Food preparation.

Rule 439. (1) Food must be in sound condition, free from spoilage, filth, or other contamination and be safe for human consumption.

(2) Food must be prepared on food grade surfaces that have been washed, rinsed, and sanitized.

(3) Raw fruits and vegetables must be thoroughly washed before being cooked or served.

(4) Staff shall minimize bare-hand contact with foods that will be cooked.

(5) Ready to eat foods must not be prepared or served using bare hands.

(6) Food must be cooked to heat all parts of the food to the safe temperature as identified in the document titled Safe Minimum Cooking Temperatures, published by the U.S. Food Safety

Working Group. This document is available at no cost on the [Foodsafety.gov](https://www.foodsafety.gov/keep/charts/mintemp.html) website, <https://www.foodsafety.gov/keep/charts/mintemp.html>. It is also available for inspection and distribution at no cost from the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, Child Care Division, 611 West Ottawa Street, Lansing, MI 48933.

(7) Potentially hazardous foods must be thawed using 1 of the following methods:

(a) In the refrigerator at a temperature not to exceed 41 degrees Fahrenheit.

(b) Completely submerging the item under cold water, at a temperature of 70 degrees Fahrenheit or below, that is running fast enough to float off loose ice particles.

(c) In a microwave oven for either of the following:

(i) The food will be immediately transferred to conventional cooking facilities as part of a continuous cooking process.

(ii) The entire cooking process takes place in the microwave oven.

(d) As part of the conventional cooking process.

(8) The temperature of potentially hazardous foods must be 41 degrees Fahrenheit or below, or 135 degrees Fahrenheit or above, at all times, except during necessary periods of preparation.

(9) Potentially hazardous foods that have been cooked and then refrigerated or frozen must be reheated rapidly to 165 degrees Fahrenheit or higher throughout before being served or before being placed in a hot food storage facility.

(10) Accurate metal stem-type food thermometers must be used to ensure the attainment and maintenance of proper internal cooking, holding, reheating, or refrigeration temperatures of all potentially hazardous foods.

(11) On field trips, all foods must be protected from contamination at all times as required by this rule.

(12) In the absence of proper hand washing facilities on field trips, individuals preparing and serving food shall wear sanitary disposable food service gloves.

R 400.4440 Sanitization.

Rule 440. (1) All tableware, utensils, food contact surfaces, and food service equipment must be thoroughly washed, rinsed, and sanitized after each use. Multi-purpose tables must be thoroughly washed, rinsed, and sanitized before and after they are used for meals or snacks.

(2) Enamelware utensils are prohibited.

(3) Reuse of single service articles is prohibited.

(4) Multi-use tableware and utensils must be washed, rinsed, and sanitized using 1 of the following methods:

(a) A commercial dishwasher.

(b) A residential dishwasher with sanitizing capability.

(c) A 3-compartment sink and adequate drain boards.

(d) A 2-compartment sink for washing and rinsing, a third container suitable for complete submersion for sanitizing, and adequate drain boards.

(5) If the manual washing method is used, as referenced in subrule (4)(c) and (d) of this rule, all of the following must be done:

(a) Rinse and scrape all utensils and tableware before washing.

(b) Thoroughly wash in detergent and water.

(c) Rinse in clear water.

(d) Sanitize using 1 of the following methods:

(i) Immersion for at least 30 seconds in clean, hot water of at least 170 degrees Fahrenheit.

(ii) **Immersion for at least 1 minute in a solution containing between 50 and 100 parts per million of chlorine or comparable sanitizing agent at a temperature of at least 75 degrees Fahrenheit. A test kit or other device that measures parts per million concentration of the solution must be used when a chemical is used for sanitizing.**

(e) **Air dry.**

(6) **Sponges must not be used in a food service operation.**

PART 5. FIRE SAFETY FOR SMALL, LARGE, AND SECURE INSTITUTION FACILITIES

R 400.4501 Definitions.

Rule 501. As used in this part:

(a) "Ambulatory" means a ~~resident~~ **youth** who is physically and mentally capable of traversing a path to safety without the aid of another person. A path to safety includes the ascent and descent of any stairs or approved means of egress.

(b) "Approved" means acceptable to the department and fire inspecting authority and in accordance with these rules. The department makes the final approval based on recommendations from the fire inspecting authority.

(c) "Basement" means a story of a building or structure having $\frac{1}{2}$ or more of its clear height below average grade for at least 50% of the perimeter of the story.

(d) "Combustible" means those materials ~~which~~ **that** can ignite and burn.

(e) "Conversion" or "converted" means a change, after the effective date of these rules, in the use of a facility or portion thereof from some previous use to that of a licensed or approved institution, or an increase in capacity from a residential group home to a small facility, or an increase in capacity from a small facility to a large facility, or a change to a secure facility. A converted facility ~~shall~~ **must** comply with ~~the provisions of~~ these rules for fire safety for converted facilities.

(f) "Electric lock" means an electric door lock system operated from a remote-control unit. The system is fail-safe in that all locks are automatically unlocked in the event of electrical failure. The system is approved by a nationally recognized independent testing laboratory.

(g) "Escape window" in new construction, remodeled, or converted facilities means an approved side-hinged window with a minimum net clear opening of 5.7 square feet with a net clear opening height of 24 inches and width of 20 inches. Grade floor openings ~~shall~~ **must** have a minimum net clear opening of 5.7 square feet. The window ~~shall~~ **must** be operable from the inside with a single motion and ~~shall~~ be equipped with non-locking-against-egress hardware. The window ~~shall~~ **must** be operable without the use of special tools. The sill height ~~shall~~ **must** not be greater than 36 inches from the floor, unless an approved substantial permanent ledge or similar device not less than 12 inches wide is provided under the window, in which case the sill height may be increased to 44 inches from the floor. In an existing facility, "escape window" means a window acceptable to the fire inspecting authority.

(h) "Existing facility" means a building, accessory buildings, and surrounding grounds ~~which~~ **that** is licensed or approved by the department as an institution at the time these rules take effect, and ~~which~~ **that** is not unoccupied for more than ~~90 days~~ **1 year**. Where an increase in capacity or change in use affects fire safety requirements, the facility ~~shall~~ **must** comply with all applicable requirements prior to the increase or change in use.

(i) "Facility" means a building, and surrounding grounds including recreational areas owned, leased, or primarily rented by a child care organization for use as a small, large, or secure facility to house and sleep ~~residents~~ **youth**. "Facility" **It** includes new, remodeled, converted, and small, large, secure, and existing facilities. Any portion of a facility not used by ~~residents~~ **youth** and not used as a required means of egress and ~~which~~ **that** is separated **youth** from the rest of the facility by an approved fire barrier, and

buildings used by the ~~residents youth~~ strictly for up and awake activities ~~do does~~ not need to meet these rules for fire safety. However, the right of the fire inspecting authority to inspect a nonuse area for hazardous use, or any building on the grounds that is used by ~~the residents youth~~ strictly for up and awake activities, is retained and directives relative to fire safety of ~~the nonuse~~ such area or building may be issued to ~~assure~~ **ensure** the fire safety of ~~the~~ those use areas.

(j) "Fire alarm device" means an approved device capable of sounding an alarm. A fire alarm ~~shall~~ **must** be specifically designated as such and ~~shall may~~ not be used for any purpose other than sounding an alarm of fire or other emergency or for fire drills. The device ~~shall must~~ be loud enough to be heard throughout the facility under normal conditions. A device may be a bell, a horn, a whistle, or any other device acceptable to the fire inspecting authority.

(k) "Fire alarm system" means an approved electrical closed circuit, self-supervised local system for sounding an alarm. The system is comprised of a panel, pull stations, and audible electric signal devices.

(l) "Fire-rated glazing" means glazing with either a fire protection rating or a fire-resistance rating. Fire-rated glazing ratings are as follows:

Table 1

MARKING FIRE-RATED GLAZING ASSEMBLIES

FIRE TEST STANDARD	MARKING	DEFINITION OF MARKING
ASTM E119 or UL 263	W	Meets wall assembly criteria.
NFPA 257 or UL 9	OH	Meets fire window assembly criteria including the hose stream test.
NFPA 252 or UL 10B or UL 10C	D	Meets fire door assembly criteria.
	H	Meets fire door assembly hose stream test.
	T	Meets 450°F temperature rise criteria for 30 minutes
	XXX	The time in minutes of the fire resistance or fire protection rating of the glazing assembly.

~~(lm)~~ "Fire resistance rating" means the time in hours or fractions thereof that materials or their assemblies will resist fire exposure as determined by fire tests established and conducted by approved testing laboratories.

(n) "Fire Watch" means the assignment of a person or persons to an area for the express purpose of notifying the fire department, the building occupants, or both, of an emergency, preventing a fire from occurring, extinguishing small fires, or protecting the public from fire or life safety dangers.

~~(mo)~~ "Hazardous area" means those parts of a facility housing a flame-producing heating plant, incinerators, water heater, and kitchens and areas where combustible materials, flammable liquids, or gases are used or stored.

~~(np)~~ "Large facility" means a building used to house more than 15 ~~residents youth~~.

~~(oq)~~ "Means of egress and exit" means an unobstructed way of departure from any point in a building to safe open air outside at grade **as follows:**

(i) Common path of travel. Max length 75'.

(ii) Dead end corridor, not to exceed 10'.

(iii) Exit discharge into courtyard. See R 400.4538 (11).

(~~pr~~) "Newly constructed," "new construction," or "new facility" means a new structure or new addition to a facility after the effective date of these rules.

(~~qs~~) "Non-ambulatory" means a resident, including a resident confined to a wheelchair, who is physically or mentally incapable of traversing a path to safety without the aid of another person. A path to safety includes the ascent and descent of any stairs or other approved means of egress from the building.

(~~t~~) **"Qualified Fire Inspector" or "QFI" means an authorized fire safety inspector who is approved to conduct a fire safety inspection of the facility in compliance with the fire safety rules. The department maintains a list of approved QFIs on the web page.**

(~~ru~~) "Remodeled" means changes in a facility that modify existing conditions and includes renovation and changes in the fire alarms, sprinkler systems, and hood suppression systems. Remodeled and affected areas of a child caring institution ~~shall must conform to the provisions of~~ **comply with** these rules for fire safety for remodeled and converted facilities. Unaffected areas of a facility are not required to conform to the required provisions for remodeled and converted facilities.

(~~v~~) **"Residential group home facility" means a building used to house not more than 6 youth and is not a secure facility.**

(~~w~~) **"Second story" means the story of a building above the highest story that has a means of egress that is not more than 4 feet to grade.**

(~~sx~~) "Secure facility" means a building used as a detention facility or a secure child caring institution. The building or portions of the building are used to keep ~~residents~~ **youth** in custody. Outside doors or individual sleeping rooms usually have locks ~~which that~~ are secure from the inside. The locks are used in the usual course of operation. A secure facility ~~shall must~~ meet the requirements for a large facility, regardless of the number of ~~residents~~ **youth**. A facility with an approved seclusion room is not a secure facility solely by virtue of having a seclusion room.

(~~ty~~) "Small facility" means a building ~~which that~~ houses at least 7, ~~but no or~~ **more than 15 residents youth**, and ~~which that~~ is not a secure facility.

(~~uz~~) "Street floor" means the lowest story of a facility ~~which that~~ is not a basement.

(~~va~~) "Story" means that part of a building between a floor and the floor or roof next above.

(~~wbb~~) "Substantially remodeled" means changes in a facility that result in the exposure or addition of structural joists or studs.

(~~xcc~~) "Wire glass" means glass ~~which that~~ is not less than 1/4 inch thick; ~~which that~~ is reinforced with wire mesh, No. 24 gauge or heavier with spacing not greater than 1 square inch; and ~~which that~~ is installed in steel frames or, when approved, installed in wood frames or stops of hardwood material not less than 3/4 inch actual dimension and not more than 1,296 square inches per frame with no single dimension more than 54 inches in length.

R 400.4504 Adoption by reference.

Rule 504. The department adopts **by reference** the following fire safety codes and standards. These codes and standards are available for inspection **at no cost through the department and at the National Fire Protection Association website, <https://www.nfpa.org>.** ~~distribution to the public~~ **The codes and standards are available** at cost through the State ~~at cost at the Michigan Department of Health and Human Services, 201 N. Washington Square, PO Box 30650, 333 S Grand Avenue, P.O. Box 30195, Lansing, Michigan 48909.~~ **Copies of the codes and standards may also be obtained from the appropriate agency, organization, or association at the prices listed below.**

(~~a~~) Standard E 84-07, "Standard Tests Method for Surface Burning Characteristics of Building Materials," 2014, American Society for Testing and Materials, 100 Bar Harbor Dr., West Conshohocken, PA 19428-2959, \$69.00.

- (b) Standard No. 13, "Standard for the Installation of Sprinkler Systems," 2013, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$95.00.
- (c) Standard No. 22, "Standard for Water Tanks for Private Fire Protection," 2013, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$46.50.
- (d) Standard No. 70, "National Electric Code," 2014, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$89.50.
- (e) Standard No. 72 "National Fire Alarm Code", 2013, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$80.10.
- (f) Standard No. 80, "Standard for Fire Doors and Other Opening Protectives," 2013, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$46.50.
- (g) Standard No. 82, "Standard on Incinerator and Waste and Linen Handling Systems and Equipment, Rubbish Handling," 2014, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$42.00.
- (h) Standard No. 90A, "Installation of Air Conditioning and Ventilating Systems," 2015, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$45.00.
- (i) Standard No. 96, "Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations" 2014, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$42.00.
- (j) Standard No. 220, "Standard on Types of Building Construction," 2015, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$36.50.
- (k) Standard No. 255, "Standard Method of Test of Surface Burning Characteristics of Building Materials," 2006, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$36.50.
- (l) Standard 723, "Test for Surface Burning Characteristics of Building Materials" 2008, Underwriters Laboratories, Inc., 1414 Brook Dr., Downers Grove, Ill. 60513, \$631.00.
- (m) "Life Safety Code 101," 2015, National Fire Protection Association, Batterymarch Park, Quincy, Massachusetts 02269, 93.00.
- (n) Standard E-1590-13, "Standard Method for Fire Testing of Mattresses" American Society for Testing and Materials, 100 Bar Harbor Dr., West Conshohocken, PA 19428-2959, \$48.00.
- (o) Standard No. 10, "Standard for Portable Fire Extinguishers", 2013 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109, \$46.50.
- (p) Standard No. 25, "Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems", 2014, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$54.50.
- (q) Standard No. 252, "Standard Methods of Fire Tests of Door Assemblies", 2012, National Fire Protection Association, 1 Batterymarch Park, Quincy Massachusetts 02269-9101, \$36.50.
- (r) Standard No. 257, "Standard on Fire Test for Window and Glass Block Assemblies", 2012, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$36.50.
- (s) Standard No. 261, "Standard Method of Test for Determining Resistance of Mock-Up Upholstered Furniture Material Assemblies to Ignition by Smoldering Cigarettes", 2013 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109, \$36.50.
- (t) Standard No. 701 entitled "Standard Methods of Fire Tests for Flame Propagation of Textiles and Films," 2010 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109, \$36.50

(a) National Fire Protection Association (NFPA) 4, “Standard for Integrated Fire Protection and Life Safety System Testing,” 2018 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$54.50 each.

(b) NFPA 10, “Standard for Portable Fire Extinguishers,” 2017 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$61.00 each.

(c) NFPA 13, “Standard for the Installation of Sprinkler Systems,” 2016 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$84.48 each.

(d) NFPA 13D, “Standard for the Installation of Sprinkler Systems in One-and Two-Family Dwellings and Manufactured Homes,” 2016 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$60.00 each.

(e) NFPA 13R, “Standard for the Installation of Sprinkler Systems in Low-Rise Residential Occupancies,” 2016 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$51.00 each.

(f) NFPA 14, “Standard for the Installation of Standpipe and Hose Systems,” 2016 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$89.50 each.

(g) NFPA 17A, “Standard for Wet Chemical Extinguishing Systems,” 2017 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$47.50 each.

(h) NFPA 20, “Standard for the Installation of Stationary Pumps for Fire Protection,” 2016 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$71.00 each.

(i) NFPA 25, “Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems,” 2017 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$71.00 each.

(j) NFPA 70, “National Electrical Code,” 2017 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$115.00 each.

(k) NFPA 72, “National Fire Alarm and Signaling Code,” 2016 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$74.89 each.

(l) NFPA 80, “Standard for Fire Doors and Other Opening Protectives,” 2016 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$61.00 each.

(m) NFPA 82, “Standard on Incinerators and Waste and Linen Handling Systems and Equipment,” 2014 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$54.50 each.

(n) NFPA 90A, “Standard for the Installation of Air-Conditioning and Ventilating Systems,” 2018 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$54.50 each.

(o) NFPA 96, “Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations,” 2017 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$61.00 each.

(p) NFPA 101, “Life Safety Code,” 2018 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$118.00:

(i) Chapter 1, Administration.

(ii) Chapter 3, Definitions.

(iii) Chapter 4, General.

(iv) Chapter 6, Classification of Occupancy and Hazard of Contents.

(v) Chapter 7, Means of Egress.

(vi) Chapter 8, Features of Fire Protection.

(vii) Chapter 9, Building Service and Fire Protection Equipment.

(viii) Chapter 10, Interior Finish, Contents, and Furnishing.

(ix) Chapter 11, Special Structures and High-Rise Building.

(q) NFPA 110, “Standard for Emergency and Standby Power Systems,” 2016 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$54.50 each.

(r) NFPA 111, “Standard on Stored Electrical Energy Emergency and Standby Power Systems,” 2016 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$54.50 each.

(s) NFPA 220, “Standard on Types of Building Construction,” 2018 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$47.50 each.

(t) NFPA 252, “Standard Methods of Fire Tests of Door Assemblies,” 2017 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$47.50 each.

(u) NFPA 257, “Standard on Fire Test for Window and Glass Block Assemblies,” 2017 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$47.50 each.

(v) NFPA 260, “Standard Methods of Tests and Classification System for Cigarette Ignition Resistance of Components of Upholstered Furniture,” 2013 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$50.50 each.

(w) NFPA 261, “Standard Method of Test for Determining Resistance of Mock-Up Upholstered Furniture Material Assemblies to Ignition by Smoldering Cigarettes,” 2013 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$50.50 each.

(x) NFPA 265, “Standard Methods of Fire Tests for Evaluating Room Fire Growth Contribution of Textile or Expanded Vinyl Wall Coverings on Full Height Panels and Walls,” 2015 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$54.50 each.

(y) NFPA 286, “Standard Methods of Fire Tests for Evaluating Contribution of Wall and Ceiling Interior Finish to Room Fire Growth,” 2015 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$54.50 each.

(z) NFPA 701, “Standard Methods of Fire Tests for Flame Propagation of Textiles and Films,” 2015 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$47.50 each.

(aa) NFPA 703, “Standard for Fire Retardant–Treated Wood and Fire-Retardant Coatings for Building Materials,” 2018 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$47.50 each.

(bb) NFPA 720, “Standard for the Installation of Carbon Monoxide (CO) Detection and Warning Equipment,” 2015 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$61.00 each.

(cc) ASTM E84, “Standard Test Method for Surface Burning Characteristics of Building Materials,” 2015b, 100 Barr Harbor Drive P.O. Box C700, West Conshohocken, Pennsylvania 19428-2959, at a cost of \$75.00 each.

R 400.4505 Plans and specifications.

Rule 505. (1) Plans and specifications ~~shall~~ must be submitted to the bureau of **community and health systems fire services **unit** for review and approval prior to any remodeling in an institution, or the construction or conversion of a structure for use as an institution.**

(2) The plans ~~shall comply~~ must comply with all of the following provisions:

(a) Show layout, room arrangements, construction materials to be used, and the location, size, and type of fixed equipment.

(b) For additions, show those portions, including existing exits, types of construction, and room occupancies, which may be affected by the addition.

(c) Be approved in writing by the bureau of **community and health systems fire services **unit** before construction begins.**

(d) Bear the seal of a registered architect or engineer when the cost of the project, including labor and materials, exceeds \$15,000.

(3) Plans for residential facilities for not more than 6 youth do not require the seal of a registered architect or engineer.

(4) Fire alarm, sprinkler plans, hood suppression system, and other fire protection systems complete shop plans must be submitted to the bureau of community and health systems fire safety unit for review and approval prior to the installation of the systems.

(5) Once a construction project is completed, an inspection must be completed by the bureau of community and health systems fire safety unit.

(6) A fire safety inspection must be conducted by the bureau of community and health systems fire safety unit or a department- approved QFI and an approval granted before issuance of the original provisional license and every 2 years thereafter, at the time of renewal. The inspection must be current with 6 months of the date of original or renewal license.

R 400.4506 Fire drills and telephone.

Rule 506. (1) **For small, large, and secured facilities, there shall must** be quarterly emergency fire drills for each staff shift. Two of the drills shall include evacuations, unless approved by the department, in writing, as clinically contraindicated. Where a facility has a 24-hour staff shift, the emergency drills ~~shall~~**must** be conducted at different times of the day and night. Written records ~~shall~~**must** be maintained for each drill indicating the date and time of the drill and, where evacuation was a part of the drill, the approximate evacuation time.

(2) Staff in residential group homes must be trained in evacuation of the facility in the event of emergency. A record must be maintained of the training.

~~(23)~~ A telephone or other suitable means of communicating an alarm of fire to the fire department ~~shall~~**must** be provided. Pay stations are not a suitable means of communicating alarms. The telephone number of the fire department ~~shall~~**must** be posted conspicuously by all phones designated for outside service.

R 400.4508 Facility location.

Rule 508. A new or converted facility ~~shall~~**may** not be established within 300 feet of an aboveground storage tank containing flammable liquids used in connection with a bulk plant, marine terminal, aircraft refueling or bottling plant of a liquified petroleum gas installation, or other similar hazard.

R 400.4510 Sleeping rooms; **sleeping rooms above second floor.**

Rule 510. (1) In new construction, remodeled or converted facilities, single sleeping rooms ~~shall~~**may** not be less than 70 square feet in size, exclusive of closet space. Multi- ~~resident-youth~~ sleeping rooms shall not be less than 50 square feet per ~~resident~~**child**, exclusive of closet space.

(2) In new construction, remodeled or converted facilities, locked ~~resident~~**youth** sleeping rooms ~~shall~~**must** be equipped with 2-way monitoring devices.

(3) All facilities with sleeping rooms above the second floor ~~shall comply~~**must comply** with the requirements of a secure facility, ~~with the exception of R 400.4522(e).~~

(4) A facility ~~shall~~**may** not use a basement as a sleeping room.

R 400.4512 Combustible materials, decorations, furnishings, and bedding; **facility and residential group home.**

Rule 512. (1) A ~~resident~~**youth**-occupied facility ~~shall~~**must** be kept free of all accumulation of combustible materials unnecessary for the immediate operation of the institution unless materials are within an approved storage room.

(2) Easily ignited or rapidly burning combustible decorations are not permitted in a facility. Personal artwork and personal decorations made or owned by ~~residents~~ **youth** are permitted up to 20% of wall space in each room or use areas other than means of egress and hazardous areas if they have been treated with fire retardant materials approved by Underwriter's Laboratory.

~~(3) Newly introduced upholstered furniture shall be tested in accordance and comply with the provisions of NFPA 261 unless located in an area having approved automatic sprinkler protection.~~
Personal artwork and personal decorations made or owned by youth in a residential group home are permitted up to 6 square feet of wall space in each room or area other than means of egress or hazardous areas.

~~(4) Newly introduced mattresses shall be tested in accordance with ASTM E 1590 unless located in an area having approved automatic sprinkler protection.~~

R 400.4515 Electrical installation.

Rule 515. (1) In a newly constructed, converted, or remodeled facility, the electrical wiring and equipment ~~shall~~ **must** be installed in accordance with the provisions of ~~the national fire protection association standard No. NFPA 70, entitled "National Electrical Code," 2014~~. A final electrical certificate of approval for the electrical installation ~~shall~~ **must** be obtained from a qualified local electrical inspecting authority or state electrical inspecting authority.

(2) In an existing facility, electrical wiring and equipment acceptable at the time these rules take effect ~~shall~~ **must** continue to be approved until the facility or portion thereof is remodeled or converted. When an existing facility or portion thereof is remodeled or converted, only that portion remodeled or converted need comply with subrule (1) of this rule. Electrical services ~~shall~~ **must** be maintained in a safe condition. When conditions indicate a need for inspection, the electrical services ~~shall~~ **must** be inspected by a licensed electrical inspection service. A copy of the inspection report ~~shall~~ **must** be maintained at the facility for review. Any areas cited in the report ~~shall~~ **will** be corrected and a new electrical system inspection ~~shall~~ **must** be obtained verifying that corrections have been made.

R 400.4517 Facility construction.

Rule 517. (1) A new, substantially remodeled or converted large or secure facility ~~shall~~ **must meet these minimum construction requirements. Large or secure facilities will be limited to the building construction types specified in NFPA 101, 2018 edition, Table 32.3.1.3 (see 8.2.1), based on the number of stories in height as defined in 4.6.3. ~~be 1 of the following types of construction as specified in the national fire protection association standard No. NFPA 220, entitled "Standard on Types of Building Construction, 2015~~ **2018:**"**

Table 32.3.1.3 Construction Type Limitations

Construction Type	Sprinklered ^a	Stories in Height ^b				
		1	2	3	4–12	>12
I (442) ^{c, d}	Yes	X	X	X	X	X
	No	NP	NP	NP	NP	NP
I (332) ^{c, d}	Yes	X	X	X	X	X
	No	NP	NP	NP	NP	NP
II (222) ^{c, d}	Yes	X	X	X	X	NP
	No	NP	NP	NP	NP	NP
II (111) ^{c, d}	Yes	X	X	X	NP	NP
	No	NP	NP	NP	NP	NP
II (000)	Yes	X	X	NP	NP	NP
	No	NP	NP	NP	NP	NP
III (211)	Yes	X	X	NP	NP	NP
	No	NP	NP	NP	NP	NP
III (200)	Yes	X	NP	NP	NP	NP
	No	NP	NP	NP	NP	NP
IV (2HH)	Yes	X	X	NP	NP	NP
	No	NP	NP	NP	NP	NP
V (111)	Yes	X	X	NP	NP	NP
	No	NP	NP	NP	NP	NP
V (000)	Yes	X	NP	NP	NP	NP
	No	NP	NP	NP	NP	NP

X: Permitted. NP: Not permitted.

^aBuilding protected throughout by an approved automatic sprinkler system installed in accordance with 9.7.1.1(1), and provided with quick-response or residential sprinklers throughout. (See 32.3.3.5.)(a) ~~Type I 442 or 332 or type II 222.~~(b) ~~Type II 111, type III 211, type IV 2HH.~~(c) ~~Type II 000, type III 200, or type V 000 up to 2 stories.~~

(2) New, converted, and substantially remodeled small facilities ~~shall~~ **must** be at least frame construction and ~~shall~~ be fire-stopped at all wall and floor junctures and all wall and ceiling junctures with not less than 2-inch nominal lumber.

(3) Construction in existing licensed facilities that was approved before these rules take effect and ~~which that~~ meets the construction requirements of the fire safety guidelines these rules supersede ~~shall~~ **must** continue to be approved until the facility is substantially remodeled or converted. When an existing facility is substantially remodeled or added to, only the portion of the facility being substantially remodeled or added need comply with subrule (1) or (2) of this rule and R 400.4522, as appropriate.

(4) **A residential group home facility must be at least of ordinary construction, light platform frame, and not over 2 stories high above the highest grade.**

R 400.4520 Interior wall and ceiling finish materials; tested in accordance with ASTM E84 or ANSI/UL 723.

Rule 520. (1) ~~The following alphabetical classification of finished materials for flame spread and smoke development, as determined by the tunnel test in accordance with the national fire protection association, standard No. 255, 2006; American society of testing materials E 84 07, 2014, or underwriters laboratories standard No. 723, 2008, shall be used to determine interior finishes~~ **Interior wall and ceiling finish materials will be classified in accordance with ASTM E84, “Standard Test Method for Surface Burning Characteristics of Building Materials,” or ANSI/UL 723, “Standard**

Test Method for Surface Burning Characteristics of Building Materials,” except as indicated in 10.2.3.4 and 10.2.3.5, and must be grouped in the following classes in accordance with their flame spread and smoke developed indexes:

Class	Flame Spread	Smoke Developed
A	0 - 25	0 – 450
B	26 –75	51 – 450
C	76 -200	126 – 450

~~The same alphabetical classification is also used for combustibility of prefabricated acoustical tile units, only under federal test number SS-5-118a.~~

~~(2) Interior finish includes the plaster, wood, or other interior finish materials of walls; partitions, fixed or movable; ceiling; and other exposed interior surfaces of the facility, other than nominal wood trim.~~

Interior finish must follow the requirements of NFPA 101, Chapter 10, Section 10.1 and 10.2

~~(3) The classification of interior finish materials as to their flame spread and smoke development shall be that of the basic material used, without regard to subsequently applied paint or other coverings, except where such paint or other covering is of such a character or thickness where applied so as to affect the material classification. Finishes such as lacquer, polyurethane-based materials, or unapproved wall coverings shall not be used.~~

~~(43) In a new constructed, remodeled, or converted facility, an interior finish classification shall~~**must** ~~be that of the basic material used, without regard to subsequently applied paint or other covering in an attempt to meet the classification.~~

~~(54) Interior finish materials in facilities shall~~**must conform** ~~be as follows:~~

~~(a) In small and large open facilities without a sprinkler system, class A or B in exit ways and class A in seclusion rooms. In all other areas, at least class C.~~

~~(b) In open facilities with a sprinkler system, at least class C throughout, except in a seclusion room.~~

~~(c) In secure facilities, class A throughout regardless of automatic sprinkler protection.~~

~~(d) In residential group homes, class C throughout regardless of automatic sprinkler protection.~~
Interior finishes and materials must be at least class C throughout.

R 400.4522 Fire protection.

Rule 522. Fire protection ~~shall~~**must** be provided in all facilities as follows:

~~(a) In an existing licensed small facility, an attendant who is awake, fully dressed, and on duty 24 hours a day; complete sprinkler protection; or compliance with R 400.4523.~~

~~(b) In an existing licensed large facility, an attendant who is awake, fully dressed, and on duty 24 hours a day; complete sprinkler protection; or compliance with R 400.4524.~~

~~(c) In a secure facility, an attendant who is awake, fully dressed, and on duty 24 hours a day.~~

~~(d) In Newly constructed facilities, conversions, and additions shall~~**must have** ~~be provided with automatic sprinkler protection in accordance with national fire protection pamphlet 13. as follows:~~

~~(i) Residential group homes must have automatic sprinkler protection in accordance with the requirements of NFPA-13D.~~

~~(ii) Small facility must have automatic sprinkler protection in accordance with the requirements of NFPA 13D or NFPA 13R.~~

~~(iii) Large facility must have automatic sprinkler protection in accordance with the requirements of NFPA-13.~~

~~(iv) Secure facility must have automatic sprinkler protection in accordance with the requirements of NFPA-13.~~

R 400.4523 ~~Fire~~ **Smoke** detection; **residential group homes and** small facilities.

Rule 523. (1) An existing licensed **residential group home** and licensed small facility electing to provide fire protection by fire detection ~~shall~~ **will** be protected throughout by approved fire detection provided by at least battery-operated ionization fire detection devices installed in every sleeping room, **immediately outside of the sleeping areas, at the top of all interior stairways, on every level of the facility** and all areas **of the facility**, except the kitchen and bathrooms. The fire detection devices ~~shall~~ **must comply** with all of the following requirements:

- (a) Be listed and labeled by an independent, nationally recognized testing laboratory.
- (b) Be installed and maintained in accordance with the manufacturer's and test specifications.
- (c) Be cleaned and tested at least quarterly, with a written record maintained of the cleaning and testing.
- (d) Be of a type that provides a signal when batteries are not providing sufficient power and when batteries are missing.

(2) Any battery-operated device required by subrule (1) of this rule ~~which~~ **that** signals power is low or a battery is missing ~~shall~~ **must** be immediately serviced and restored to full power. There ~~shall~~ **may** be not **be** less than a ~~420%~~ supply of extra batteries maintained at the facility at all times for the total number of battery-operated devices in the facility.

(3) In **residential group homes** and small facilities; licensed prior to November 30, 1983, previously approved fire detection systems ~~shall~~ **must** continue to be approved until the facility or portion thereof is remodeled or converted, then fire detection ~~shall~~ **must** be at least as required by this rule for newly constructed, remodeled, or converted facilities in that portion of the facility remodeled or converted.

(4) Fire detection systems in existing licensed facilities ~~shall~~ **must** be maintained in proper working order and ~~shall~~ be tested at least quarterly, with a written record maintained of the testing.

(5) All newly licensed **residential group homes** and small facilities ~~shall~~ **must** be protected with a minimum 110 volt interconnected smoke detectors with battery backup **installed in accordance with NFPA 72 as follows:**

(6) All newly licensed residential group homes and small facilities will follow the standards under NFPA 101:

- (a) 32.2.3.4.5.1 Approved smoke alarms will be provided in accordance with 9.6.2.10.**
- (b) 32.2.3.4.5.2 Smoke alarms will be installed on all levels, including basements but excluding crawl spaces and unfinished attics.**
- (c) 32.2.3.4.5.3 Additional smoke alarms will be installed in all living areas, as defined in 3.3.22.5.**
- (d) 32.2.3.4.5.4 Each sleeping room will be provided with an approved smoke alarm in accordance with 9.6.2.10.**

R 400.4524 Fire detection; large facilities.

Rule 524. (1) An existing licensed large facility electing to provide fire protection by fire detection ~~shall~~ **must** be equipped with a 100% coverage fire detection system ~~which~~ **that** is tested and listed by a nationally recognized, independent testing laboratory and ~~which is installed in compliance with the national fire protection association standard No. NFPA 72, entitled "National Fire Alarm Code", 201~~ and these rules except that the installing of wiring and equipment ~~shall~~ **must** comply with ~~national fire protection association standard No. NFPA 70, entitled "National Electric Code," 2014.~~

(2) In an existing licensed large facility, the main power supply source for an automatic fire detection system ~~shall~~ **must** be from an electric utility company and ~~shall~~ be on a separate circuit with an identified and locked circuit breaker. A secondary power supply ~~shall~~ **must** be provided which, in the event of the main power supply failure, will maintain the system in an operative condition for 24 hours and, in the event of a fire, will sound the alarm signaling units for a 5-minute period.

(3) In an existing licensed large facility, where an automatic fire detection system is required, the detection devices ~~shall~~ **must comply** with both of the following provisions:

(a) Be installed in all areas; that is, all rooms, lofts, closets, stairways, corridors, basements, attics, and like areas. Spacing of detection devices ~~shall~~ **must** be used as recommended by the manufacturer to provide complete coverage. Small bathrooms containing a single ~~water closet and~~ lavatory, small closets ~~which that~~ are not more than 20 square feet, and similar spaces are exempted from this requirement.

(b) Be smoke detectors, except that heat detectors may be installed in attics, kitchens, bathrooms, attached garages, and heating plant rooms instead of smoke detectors. Heat detectors ~~shall~~ **must** be the fixed temperature rate of rise type.

(24) In a new, remodeled, or converted large facility, an automatic fire detection system ~~shall~~ **must** be an electrical, closed circuit, self-supervised system ~~which that~~ gives a distinctive signal in a staff-occupied area when trouble occurs in the system, including loss of the main power supply and ~~shall be in compliance~~ **must comply** with NFPA 72 **and follow the requirements of R 400.4535.**

(35) In a new, remodeled, or converted large facility, complete final plans and specifications of the automatic fire detection or alarm system, where such a system is to be installed, ~~shall~~ **must** be submitted to the department and approved prior to installation. The plan ~~shall~~ **must** show facility floor plans and locations and types of detection devices, pull-stations, and sounding units. Newly required systems ~~shall~~ **must** have a panel or annunciator located in an area regularly occupied by staff.

(46) In large facilities, licensed prior to November 30, 1983, fire detection systems ~~shall~~ **must** continue to be approved until the facility is converted or a portion thereof is remodeled, then the portion of the facility remodeled or converted ~~shall~~ **must** meet the appropriate requirements of this rule. Where the required new system cannot be added to the existing systems maintaining a single signaling alarm system, the total system ~~shall~~ **must** be replaced and ~~shall~~ comply with this rule for remodeled and converted facilities.

(57) Automatic fire detection systems, fire alarm systems, and fire detection devices ~~shall~~ **must** be maintained in proper working condition. When problems occur, they ~~shall~~ **must** be immediately remedied. When the system is rendered inoperable, staff ~~shall~~ **must** be awake and on duty until the system is again operable.

(68) Fire alarm systems ~~shall~~ **must** be tested and maintained on an annual basis in accordance with NFPA 72. Smoke detector calibration ~~shall~~ **must** be done as recommended. The licensee shall keep a record of fire alarm maintenance.

R 400.4527 Sprinkler systems.

Rule 527. (1) A sprinkler system in a new or converted facility or an addition, ~~shall comply~~ **must comply** with the ~~2013~~ **2019** national fire protection association pamphlet No. ~~13D, 13R, or 13 under R 400.4522(d).~~ **entitled "Standard for the Installation of Sprinkler Systems."** ~~Where there is no adequate water from a community water system to supply a sprinkler system and where the area to be protected does not exceed 20,000 square feet, a special pressure tank supply for sprinklers, as specified in the 2013 edition of national fire protection association standard No. 22, entitled "Standard for Water Tanks for Private Fire Protection," shall be provided.~~ **The sprinkler system is required to meet the following:**

(a) **Valves controlling the water supply for automatic sprinkler systems, pumps, tanks, water levels and temperatures, critical air pressures, and waterflow switches on all sprinkler systems must be electrically supervised by a listed fire alarm control unit.**

(b) **Alarm, supervisory, and trouble signals must be distinctly different and be automatically transmitted to an approved supervising station.**

(2) All required sprinkler systems ~~shall~~ **must** be inspected and tested, and all other maintenance performed as specified in the ~~2014 national fire protection association standard No. NFPA 25 entitled "Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems"~~ at least once a year by a sprinkler contractor. The licensee ~~shall~~ **must** maintain documentation of the last inspection and test.

(3) A sprinkler system in an existing facility approved before these rules take effect ~~shall~~**will** continue to be approved until the facility or portion thereof is remodeled, converted, or expanded. The system ~~shall~~**must** be maintained in accordance with the standards applicable at the time it was originally approved.

(4) When an existing facility is remodeled, converted, expanded, or modified which results in the existing sprinkler system not providing adequate protection, fire protection ~~shall~~ **will** be provided by extension of the current system where it is possible to extend the system and maintain its integrity or a new sprinkler system ~~shall be~~ **is** installed in the affected area.

(5) The sprinkler piping for any isolated hazardous area ~~which that~~ can be adequately protected by not more than 2 sprinklers may be connected directly to the domestic water system at a point where a minimum 1-inch supply is available. An approved automatic sprinkler control valve and check valve ~~which that~~ is locked ~~shall~~ **must** be installed between the sprinklers and the connection to the domestic water supply.

R 400.4532 Fire extinguishers.

Rule 532. (1) All required fire extinguishers ~~shall~~ **must** be subjected to a maintenance check at least once a year. Each fire extinguisher ~~shall~~ **must** have a tag or label attached indicating the month and year maintenance was performed and identifying the person or company performing the service, as specified by NFPA ~~Standard~~ 10.

(2) All required extinguishers ~~shall~~ **must** be recharged after use.

(3) A minimum of 1 approved fire extinguisher ~~shall~~ **must** be provided on each floor and in or immediately adjacent to kitchens, rooms housing combustion-type heating devices, and incinerators. Additional fire extinguishers may be required at the discretion of the fire safety inspector to ~~assure~~ **ensure** that it is not necessary to travel more than 75 feet to a fire extinguisher.

(4) All fire extinguishers ~~shall~~ **must** be located not less than 4 inches off the floor and the top of the extinguisher ~~shall~~ **must** not be higher than 5 feet off the floor in a special cabinet or on a wall rack ~~which that~~ is easily accessible at all times, unless programmatically contraindicated. Where programmatically contraindicated, the required extinguishers may be kept behind locked doors if both of the following conditions are met:

(a) The locations are clearly labeled "Fire Extinguisher."

(b) All staff carry keys to the doors.

(5) In new, remodeled, or converted facilities, a fire extinguisher ~~shall~~ **must** be at least type 2-A-10BC.

(6) In existing small facilities, previously approved fire extinguishers other than type 2-A-10BC will continue to be approved if they are maintained in the area for which approved.

R 400.4535 Fire alarm.

Rule 535. (1) All new, **remodeled**, and converted large and secure facilities ~~shall have a fire alarm with fire alarm pull stations at each exit on each floor unless otherwise permitted by the following:~~ **must be provided with a fire alarm system in accordance with NFPA 101, Section 9.6, except as modified by the following:**

~~(a) Manual fire alarm boxes may be locked, provided that staff is present within the area when it is occupied and all staff have keys readily available to unlock the boxes.~~

~~(b) Manual fire alarm boxes may be permitted in a secure staff location, provided that both of the following criteria are met:~~

~~(i) The staff location is attended when the building is occupied.~~

~~(ii) The staff attendant has direct supervision of the sleeping area.~~

(a) Initiation of the required fire alarm system must be by manual means in accordance with 9.6.2, by means of any required detection devices or detection systems, and by means of waterflow

alarm in the sprinkler system required by R 400.4527, unless otherwise permitted by the following:

(i) Manual fire alarm boxes will be permitted to be locked, provided that staff is present within the area when it is occupied, and staff has keys readily available to unlock the boxes.

(ii) Manual fire alarm boxes must be located in a staff location, provided that both of the following criteria are met:

(A) The staff location is attended when the building is occupied.

(B) The staff attendant has direct supervision of the sleeping area.

(b) An approved automatic smoke detection system must be in accordance with Section 9.6, throughout all youth sleeping areas and adjacent day rooms, activity rooms, or contiguous common spaces.

(c) ~~Occupant Notification.~~ Occupant notification will be accomplished automatically in accordance with NFPA 101, 9.6.3, and the following will also apply:

(i) A positive alarm sequence must be permitted in accordance with 9.6.3.4.

(ii) Any smoke detectors required by this chapter must be arranged to alarm at a constantly attended location only and may not be required to accomplish general occupant notification.

(iii) Fire department notification must be accomplished in accordance with 9.6.4.

(2) Fire alarm systems ~~shall~~ **must** be installed and ~~comply in compliance~~ with NFPA-72. **All fire alarms must be monitored by an approved supervising station in accordance with NFPA 72.**

(3) All new and converted small facilities with ~~resident youth~~ sleeping on only 1 floor ~~shall~~ **must** have at least a fire alarm device. All new, ~~and~~ converted, **and remodeled** small facilities with sleeping on more than 1 floor ~~shall~~ **must** have a fire alarm system with ~~at least 1 pull station on each level.~~ **notification throughout the facility and pull stations as required by NFPA 72.**

(4) Fire alarm systems and devices in existing facilities ~~shall~~ **will** be maintained in proper working order and shall continue to be approved until the facility is remodeled or converted.

(5) **A residential group home facility must be equipped with a fire alarm device. The device must be used only to sound an alarm of fire, for practice fire drills, and other emergencies requiring evacuation of the facility.**

R 400.4538 Means of egress.

Rule 538. (1) Means of egress ~~shall~~ **must** be considered the entire way and method of passage to free and safe ground outside a facility. All required means of egress ~~shall~~ **must** be maintained in an unobstructed, easily traveled condition at all times.

(2) In an existing facility, each ~~resident youth~~-occupied room ~~shall~~ **must** have access to not less than 2 independent, properly separated, approved means of egress or have a doorway leading directly to the outside at grade.

(3) In existing licensed multistory secure and large facilities, at least 1 means of egress from each floor ~~shall~~ **must** be direct to the outside or ~~shall be~~ through an enclosed stairway ~~which that~~ is properly separated from exposure from floors below and ~~which that~~ exits direct to the outside at grade or a previously approved escape window.

(4) In a small facility where ambulatory ~~residents youth~~ use a floor above the street level, 1 of the 2 required means of egress may be an approved escape window from each resident-occupied room ~~which that~~ provides direct access to the ground and ~~which that~~ has a sill height not more than 5 feet above the ground below or ~~which that~~ provides access to an approved fire escape.

(5) In a newly constructed, remodeled, or converted facility, each ~~resident youth~~-occupied story, including a ~~resident youth~~-occupied basement, ~~shall~~ **must** have not less than 2 independent approved means of egress separated by not less than 50% of the longest dimension of the story. All ~~child youth~~-occupied rooms ~~shall~~ **must** be situated between ~~two~~ **2** approved exits unless the ~~child youth~~-occupied

room has an exit leading directly to the outside at grade. One adjacent intervening room ~~shall~~ **must** be permitted between a sleeping room and an approved exit access corridor that leads to ~~two~~ **2** approved exits in opposite or perpendicular directions.

(6) In a newly constructed, remodeled, or converted large or secure facility, additional means of egress, in addition to the minimum of 2 required from each story, are required if the maximum possible occupancy exceeds 100 ~~residents~~ **youth** per story. There ~~shall~~ **must** be at least 1 additional means of egress for each 100 additional ~~residents~~ **youth** per story. Means of egress ~~shall~~ **will** be of such number and so arranged that it is not necessary to travel more than 100 feet from the door of a ~~resident~~ **youth**-occupied room to reach the nearest approved protected exit-way from that story.

(7) An elevator ~~shall~~ **is not** be approved as a required means of egress.

(8) A means of egress ~~shall~~ **must** not be used for the housing of ~~residents~~ **youth** or storage of any kind and ~~shall~~ **must** not be obstructed or hidden from view by ornamentation, curtains, or other appurtenances.

(9) Each required means of egress from floors where non-ambulatory ~~residents~~ **youth** are permitted ~~shall~~ **must** discharge at grade or ~~shall~~ be equipped with a ramp ~~which~~ **that** terminates at grade level. Ramps ~~shall~~ **must** not exceed 1 foot of rise in 12 feet of run and ~~shall~~ **must** have sturdy handrails. Once at grade, there ~~shall~~ **must** be a surface sufficient to permit occupants to move a safe distance from the facility.

(10) In a small facility housing 1 or more non-ambulatory or wheelchair ~~residents~~ **youth**, required exit-ways forming part of a required means of egress from portions of the facility housing such ~~residents~~ **youth** ~~shall~~ **be must** not be less than 48 inches wide in a new facility and not less than 44 inches wide in a converted facility, with doors a minimum of 36 inches wide.

(11) In secure facility, exits must be permitted to discharge into a fenced or walled courtyard if the following are met:

(a) **Provided that not more than 2 walls of the courtyard are the building walls from which egress is being made.**

(b) **Enclosed yards or courts used for exit discharge must be of sufficient size to accommodate all occupants at a distance of not less than 50 ft (15 m) from the building while providing a net area of 15 ft² (1.4 m²) per person.**

(c) **All exits must be permitted to discharge through the level of exit discharge.**

(d) **The requirements of NFPA 101, Section 7.7.2 may be waived, provided that not more than 50% of the exits discharge into a single fire compartment separated from other compartments by construction having not less than a 1-hour fire resistance rating.**

(12) Residential group homes must meet the following means of egress requirements:

(a) **Means of egress must be considered the entire way and method of passage to free and safe ground outside a facility. All required means of egress must be maintained in unobstructed, easily traveled condition at all times.**

(b) **There may not be less than 2 means of egress from the street floor story. At least 1 of the 2 means of egress must be through a side-hinged door. The door must be a minimum of 30 inches wide, except as provided in R 400.4639. The second means of egress may be a sliding glass door.**

(c) **A second story must only be used by ambulatory youth and comply with 1 of the following requirements:**

(i) **Two open stairways separated by not less than 50% of the longest dimension of the story.**

(ii) **One open interior stairway and 1 exterior stairway or fire escape separated by not less than 50% of the longest dimension of the story. An exterior stairway or fire escape does not require protection from fire in the building. An exterior stairway or fire escape must be constructed of not less than 2-inch nominal lumber and be in good repair.**

(iii) One interior stairway and all floors separated by materials that afford at least a 3/4-hour fire resistance rating. The doors separating floors must be at least 1 3/4-inch solid wood core and be equipped with positive latching hardware and approved self-closing devices. Each sleeping room on the second story must have a window of not less than 5 square feet with no dimension less than 22 inches to allow for emergency rescue.

(d) A basement used by youth requires 1 means of egress, which may be a stairway. The stairway may be an open stairway, except as required by subrule (3)(c) of this rule.

(13) A residential group home facility providing care to 1 or more non-ambulatory youth must comply with all the following provisions:

(a) House such youth only on the street floor.

(b) Have required exit ways that are not less than 48 inches wide in a new facility and not less than 44 inches wide in an existing or converted facility. Doors must be a minimum of 36 inches wide.

(c) Have required exits discharge at grade level or have required exits equipped with ramps. Ramps may not exceed 1 foot of rise in 12 feet of run and must have sturdy handrails. Once at grade, there must be a surface sufficient to permit occupants to move a safe distance from the facility.

R 400.4540 Stairways, halls, and corridors.

Rule 540. (1) In ~~existing and small~~ **new or converted residential group home** facilities, ~~all stairways and other vertical openings shall be enclosed with materials equal in fire resistance to the standard partition construction of the building, if such partition construction is at least standard lath and plaster. There shall be at least 1 3/4-inch solid core wood door with self-closing and latching hardware installed so that there is effective fire and smoke separation between floors or each sleeping room on the second floor shall be equipped with at least 1 1/4-inch solid core wood door with latching hardware.~~ **stairways must have treads of uniform width and risers of uniform heights. In converted facilities, treads may not be less than 9 -1/2 inches deep, exclusive of nosing, and risers may be not more than 7-3/4 inches in height. In newly constructed facilities, treads may not be less than 11 inches deep, exclusive of nosing, and risers may not be more than 7 inches in height.**

(2) Stairs in an existing residential group home facility approved before these rules take effect must continue to be approved until the portion of the building encompassing the stairs is remodeled.

(3) In existing and small facilities, all stairways and other vertical openings must be enclosed with materials equal in fire resistance to the standard partition construction of the building, if such partition construction is at least standard lath and plaster. There must be at least 1-3/4 -inch solid core wood door with self-closing and latching hardware installed so that there is effective fire and smoke separation between floors or each sleeping room on the second floor must be equipped with at least 1 1-3/4- inch solid core wood door with latching hardware.

(24) In all new and converted large and/or secure facilities, stairways and floor- to- floor openings ~~shall~~ **must** be enclosed with materials having at least the fire-resistance rating specified by ~~the national fire protection association standard No. NFPA 220, "Standard on Types of Building Construction", 2015,~~ for the type of construction. All other vertical openings through floors ~~shall~~ **must** be fire-stopped with like materials.

(35) Where a facility has 2 or fewer levels, where both levels exit at grade, and where elevations between levels do not exceed 4 feet, the building ~~shall be~~ **is** considered to be 1 story and enclosures ~~shall~~ **are** not be required between levels.

(46) In all new and converted facilities, stairs ~~shall~~ **must** have treads and risers of uniform width and height, with treads not less than 11 inches deep, exclusive of nosing, and risers not more than 7 inches in height.

(57) Stairs in new, remodeled, and converted facilities ~~shall~~ **must** change direction by use of an intermediate landing and not by a variance in the width of treads. A sturdy and securely fastened handrail located between 34 and 38 inches, measured vertically, above the nose of the treads ~~shall~~ **must** be provided.

(68) Stairs in existing facilities approved before these rules take effect ~~shall~~ **will** continue to be approved until the portion of the building encompassing the stairs is remodeled.

(79) An outside stairway or fire escape used as part of an approved means of egress ~~shall~~ **must** be protected against fire in the building by blank or closed walls directly under such stairway and for a distance of 6 feet in all directions. Windows may be allowed within this area if they are ~~stationary-wire glass~~ **fire-rated glazing** windows.

(810) In newly constructed small facilities, halls, corridors, aisles, and stairs used as part of a means of egress ~~shall be~~ **may not be** less than 44 inches wide and not less than 36 inches wide in converted small facilities, except as required by R 400.4538(10).

(911) In newly constructed and converted large and secure facilities, halls, corridors, and aisles used as part of an exit way ~~shall be~~ **may not be** less than 5 feet wide and 90 inches high, and stairs ~~shall be~~ **may not be** less than 4 feet wide.

R 400.4543 Doors.

Rule 543. (1) Doors to required means of egress ~~shall~~ **must** comply with all of the following provisions:

(a) Be side-hinged and installed at floor level.

(b) Be not less than 36 inches wide in new and converted large and secure facilities and new small facilities, and not less than 30 inches wide in remodeled and converted small facilities, except as required by R 400.4538(10) **for a small facility or R 400.4538(13) for a residential group home.**

(c) Be not less than 78 inches high in new, remodeled, and converted facilities.

(d) In large and secure facilities, doors ~~shall~~ **must** be hung to swing in the direction of egress, except doors to single-occupant rooms and bathrooms.

(e) Be equipped with at least knob-type, properly operating, approved, positive-latching, nonlocking-against-egress-type hardware ~~which that insures~~ **ensures** the opening of the door with a single motion, such as turning a knob or applying pressure of normal strength on a latch, except as where otherwise provided by subrule (2) of this rule and R 400.4545.

(2) In secure facilities, locking hardware is permitted if ~~resident youth~~ sleeping rooms are equipped with approved electric locks or if there are staff present and awake, fully dressed, on duty, and in possession of keys to release ~~residents~~ **youth** in an emergency.

(3) Doors entering stairs and other vertical openings and doors to fire rated enclosures ~~shall~~ **may** not be held in an open position at any time by an underdoor wedge or hold-open device.

(4) Interior doors to any enclosure ~~which that~~ is required to have not less than a 1-hour fire resistance rating ~~shall~~ **must be** ~~B-labeled~~ **¾-hour** fire doors ~~fire doors~~ in labeled frames and ~~shall be~~ equipped with positive-latching hardware and self-closing devices.

(5) **No door in any means of escape, other than those meeting the requirement of subrule (7), (8), or (9) of this rule, will be locked against egress when the building is occupied.**

(6) **Delayed-egress electrical locking systems complying with NFPA 101, 7.2.1.6.1, are permitted on exterior doors only.**

(7) **Sensor-release of electrical locking systems complying with NFPA 101, 7.2.1.6.2, are permitted.**

(8) Door-locking arrangements are permitted where the clinical needs of youth require specialized security measures or where youth pose a security threat, provided all the following conditions are met:

- (a) Staff can readily unlock doors at all times in accordance with subrule (10) of this rule.**
- (b) The building is protected by an approved automatic sprinkler system.**
- (9) Doors located in the means of egress and permitted to be locked must comply with all the following:**
 - (a) Provisions must be made for the rapid removal of occupants by means of 1 of the following:**
 - (i) Remote control of locks from within the locked building.**
 - (ii) Keying of all locks to keys carried by staff at all times.**
 - (iii) Other such reliable means available to staff at all times.**
 - (b) Only 1 locking device is permitted on each door.**
- (10) Forces to open doors must comply with NFPA 101, 7.2.1.4.5.**
- (11) Door-latching devices must comply with NFPA 101, 7.2.1.5.10.**
- (12) Floor levels at doors must comply with NFPA 101, 7.2.1.3.**

R 400.4545 Seclusion room.

Rule 545. (1) A seclusion room ~~shall~~ **must** be approved in writing for use as such by the fire inspecting authority and the licensing authority.

(2) A seclusion room ~~shall~~ **must** be constructed to allow for both visual and auditory supervision of a ~~resident youth~~ in the room.

(3) A seclusion room ~~shall~~ **must** have walls and ceiling made of noncombustible materials.

(4) A seclusion room may have 1 approved locking-against-egress device on the door if a staff person is immediately present and awake and is in possession of a key for the door locking device when the room is being used.

(5) The egress door in a seclusion room ~~shall~~ **must** open in the direction of egress.

(6) A locked seclusion room is not permitted in a residential group home facility.

R 400.4546 Partition construction.

Rule 546. In new, remodeled, or converted large and secure facilities, rooms ~~shall~~ **must** be separated from corridors used as means of egress with partition construction ~~which that~~ extends to the floor or deck above and ~~which that~~ affords at least a $\frac{3}{4}$ -hour fire resistance rating. Doors ~~shall~~ **must** be at least $1\frac{3}{4}$ -inch solid wood core. Any glass in these partitions, including doors, ~~shall-must~~ be wired glass ~~which that~~ is not more than 54 inches in any 1 lineal dimension and not more than a total of 1,296 square inches. Where glass breakage is a potential hazard, clear acrylic may be placed directly in contact with and between 2 layers of wired glass to give added strength. Glazing in compliance with ~~national fire protection association NFPA~~ pamphlet 257, 2007, and having the required fire resistant rating, may also be used in walls and in doors when tested in accordance with ~~NFPA national fire protection association standard 252-2012~~. This rule does not apply where the type of construction requires more restrictive separation.

R 400.4548 Large and secure facilities; lighting in means of egress.

Rule 548. (1) In large and secure facilities, all halls, stairways, and means of egress ~~shall~~ **must** be constantly lighted. Approved exit signs ~~shall~~ **must** be installed over each required exit. Exit directional signs ~~shall~~ **must** be provided where exit signs are not readily visible in means of egress. In new and converted large and secure facilities, emergency light packs and exit lights ~~shall~~ **must** be provided along the means of egress. These devices ~~shall~~ **must** include an electric charging unit that will maintain the batteries fully charged.

(2) In new and converted multistory large ~~and~~ or multistory secure facilities, there ~~shall~~ **must** be a system of emergency backup capable of maintaining required lighting for not less than 24 hours in the event of power failure.

R 400.4550 Elevators and dumbwaiters.

Rule 550. Elevator and dumbwaiter shafts ~~shall~~ **must** be completely enclosed by noncombustible materials with a fire-resistance rating of not less than 1 hour. An opening ~~shall~~ **may** not be permitted through the side wall enclosure for ventilation or for any other purpose. Doors and frames servicing elevators and dumbwaiters ~~shall~~ **must** be approved B-labeled fire door assemblies and labeled fire frame construction and ~~shall~~ **must** be hung so as to be reasonably smoketight when the doors are closed. Glass side lights, transoms, and panels above the doors ~~shall~~ **must** be wire glass and ~~shall~~ not exceed 100 square inches.

R 400.4552 Heating devices and flame-producing devices.

Rule 552. (1) In **residential group homes;** ~~small~~, large, and secure facilities;**;** ~~and all newly constructed and converted facilities~~, flame-producing-type heating devices, **water heaters**, and incinerators ~~shall~~ **must** be in an enclosure providing at least 1-hour resistance to fire. Adequate combustion air ~~shall~~ **must** be provided directly from the outside through a permanently open louver. Fire dampers are not required in ducts penetrating this enclosure.

(2) In residential group homes where flame-producing-type heating devices or incinerator devices are located on a story not used by youth, there must be a separation between the story or stories containing such devices and resident-used stories such that at least a 3/4-hour resistance to fire is provided. Any interior stairway to such a nonresident-used story must have at least a 1-3/4 inch solid wood core door that is equipped with latching hardware and a self-closing device separating the nonresident-used story from youth-used stories.

(23) In existing small facilities, flame-producing-type heating devices and incinerators approved under the standards these rules replace ~~shall~~ **will** continue to be approved with regard to enclosure or lack of enclosure until the portion of the facility containing the flame-producing device is remodeled or the facility is converted. This ~~does~~ ~~shall~~ not preclude requirements relative to maintaining doors and other safety factors in proper working order.

(34) Electric heating ~~shall~~ **must** be installed in accordance with the manufacturer's specifications and ~~shall~~ be approved by a nationally recognized, independent testing laboratory.

(45) Portable heaters and space heaters, including solid fuel heaters, are prohibited.

(56) A fireplace is permitted if it is masonry and has all of the following components:

(a) An approved glass door shielding the opening. The door ~~shall~~ **must** be closed at all times except when a fire is being tended.

(b) A noncombustible hearth extending a minimum of 16 inches out from the front and 8 inches beyond each side of the fireplace opening.

(c) A noncombustible face extending not less than 12 inches above and 8 inches on each side of the fireplace opening.

(d) A masonry chimney constructed with approved flue liners.

(e) The chimney ~~shall~~ **must** be visually inspected every other month while in use and cleaned as needed, but not less than once every 12 months.

(67) A heating plant room ~~shall~~ **may** not be used for combustible storage or for a maintenance shop unless the room is provided with automatic sprinkler protection. Flammable liquids or gases ~~shall~~ **must** not be stored in a heating plant room.

(78) A furnace and other flame-producing unit ~~shall~~ **must** be installed according to manufacturer and test specifications and ~~shall~~ be vented by metal ducts to a chimney ~~which~~ **that** is constructed of bricks,

solid block masonry, or reinforced concrete, which has an approved flue lining, and is properly erected and maintained in a safe condition. A bracket chimney is not permitted. This rule does not prohibit the installation and use of any prefabricated chimney bearing the label of an approved, nationally recognized, independent testing laboratory if the chimney is installed and used in accordance with manufacturer and test specifications and is compatible with the heating unit or units connected to it. Only gas and oil-fired units may be connected to a prefabricated chimney.

(89) All furnaces ~~shall~~ **must** be inspected on an annual basis by a licensed inspector. A copy of the inspection must be made available to the qualified fire inspector or the department's licensing authority upon request.

(910) A carbon monoxide detector, bearing a safety certification mark of a recognized testing laboratory such as UL for Underwriters Laboratories or ETL for Electro Technical Laboratory, ~~shall~~ **must** be placed on all levels approved for ~~child~~ **youth** care and in all furnace zones.

R 400.4554 Air-handling equipment.

Rule 554. (1) In newly constructed or converted large or secure facilities, air-conditioning, warm air heating, air cooling, and ventilating systems ~~shall~~ **must** comply with ~~the national fire protection association standard No. NFPA 90A, entitled "Installation of Air Conditioning and Ventilating Systems," 2002.~~

(2) In newly constructed or converted large or secure facilities, fans and air handling equipment used for re-circulating air in more than 1 room or single area ~~shall~~ **must** have an approved automatic smoke detector located in the system at a suitable point in the return air duct ahead of the fresh air intake, the actuating of which ~~shall~~ opens the electrical circuit supplying the fan motor and when an approved fire alarm system is installed, ~~be is~~ connected to the fire alarm system in accordance with ~~national fire protection association standard No. NFPA 72, 2013.~~

(3) In existing facilities, fans and air-handling equipment and systems approved in accordance with the standards these rules replace ~~shall~~ **will** continue to be approved until the facility is converted. This ~~shall~~ **does** not preclude requirements relative to maintaining the equipment, including thermostatic or other detection devices, and systems, in proper and safe working order.

(4) Fan rooms ~~shall~~ **may** not be designed or used for any other use except housing other mechanical equipment.

R 400.4555 Smoke barriers.

Rule 555. (1) Smoke barriers with a 1-hour fire resistance rating ~~shall~~ **must** be provided on each floor used for sleeping rooms for more than 24 ~~residents~~ **youth** and ~~shall~~ be so located as to form an area of refuge on either side that is served with an approved means of egress. The barriers ~~shall~~ **must** be located as close as possible to the middle of the floor to be protected and ~~shall~~ extend from outside wall to outside wall and from the floor through any inter-stud spaces to the roof or floor structure above.

(2) Doors in the smoke barrier ~~shall~~ **must** be at least 20-minute fire-rated doors or 1- ¾ inch solid core flush door hung in labeled frames with self-closing devices. Where double doors without mullions are used, synchronizing hardware and astragals ~~shall~~ **must** be installed and maintained regularly. For new construction, additions, and conversions these doors ~~shall~~ **must** be arranged so that each door swings in a direction opposite from the other.

(3) Doors in smoke barrier partition may be held open only by electric hold-open devices designed so that interruption of the electric current or actuation of the fire alarm, sprinkler system, or the heat or smoke detector will cause the release of the doors. The doors ~~shall~~ **must** also be capable of being opened and closed manually.

R 400.4557 Storage rooms.

Rule 557. Storage rooms larger than 100 square feet used for the storage of combustible materials ~~shall~~ **must** be separated from the remainder of the facility by construction with at least a 1-hour fire resistance rated construction.

R 400.4559 Combustible storage.

Rule 559. (1) In a new, remodeled, or converted large facility, hazardous areas and rooms for storage of combustible materials, including all janitor rooms and closets, linen rooms, shipping and receiving rooms, kitchens, kitchen storage rooms, and maintenance shops ~~shall~~ **must** be separated from the remainder of the building by construction having at least a 1-hour fire resistance rating with a ~~“B”~~ **¾-hour** rated door with an approved hydraulic closer.

(2) In an existing facility, combustible materials storage rooms and hazardous areas, including janitor rooms and closets, shipping and receiving rooms, kitchen storage rooms, and maintenance shops approved before these rules take effect, ~~shall~~ **will** continue to be approved until the facility or portion thereof is remodeled or converted. All features of fire protection, including fire detection, automatic sprinkler protection, and required fire separations, ~~shall~~ **must** be properly maintained.

R 400.4560 Cooking appliances.

Rule 560. (1) Cooking appliances ~~shall~~ **must** be ~~suitably~~ installed in accordance with approved safety practices.

(2) Where metal hoods or canopies are provided over domestic cooking appliances, they ~~shall~~ **must** be equipped with filters ~~which that~~ **shall** ~~are~~ be maintained in an efficient and clean condition. **Residential group homes must use domestic type cooking appliances installed in accordance with approved safety practices.**

(3) In a newly constructed, remodeled, or converted large and secure facility, ~~where~~ metal hoods or canopies ~~are~~ provided over commercial kitchen cooking appliances, ~~they shall~~ **must** be designed and equipped in compliance with ~~the national fire protection association standard No. NFPA 96, entitled “Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations,” 2014~~, and ~~shall~~ comply with all of the following requirements:

(a) Filters ~~shall~~ **must** be maintained in an efficient and clean condition.

(b) Only vapor proof electrical wiring and equipment ~~shall be~~ **are** permitted in hoods or canopies.

(c) Exhaust ducts from hoods ~~shall~~ **must** be run to the outside by the shortest possible route. When exhaust ducts are run through open spaces between a ceiling and a floor or roof or through any floors above, the ducts ~~shall~~ **must** be enclosed in horizontal or vertical shafts protected from the remainder of the building by construction ~~which that~~ affords a 2- hour fire resistance rating.

(d) Fire extinguishment equipment for the hood and exhaust duct of a cooking appliance in a kitchen ~~shall be in compliance~~ **must comply** with ~~the national fire protection association standard No. NFPA 96, entitled “Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations,”~~

(4) In an existing facility, metal hoods and canopies approved before these rules take effect ~~shall~~ **will** continue to be approved until the facility or portion thereof ~~which that~~ incorporates the kitchen is remodeled or converted. When the kitchen is remodeled or the facility is converted, hoods, canopies, and kitchen hood suppression systems for cooking appliances ~~shall~~ **must** comply with the requirements of this rule for new construction. Filters in any hood or canopy in an existing facility ~~shall~~ **must** be maintained in an efficient and clean condition.

R 400.4562 Rubbish handling and incinerators.

Rule 562. (1) In a newly constructed, remodeled, or converted large or secure facility, rubbish handling and incinerators ~~shall~~ **must** ~~be in accordance~~ **comply** with ~~the national fire protection association standard No. NFPA 82, entitled “Standard on Incinerators and Waste and Linen Handling~~

~~Systems and Equipment~~", 2014. Rubbish chutes and refuse bins or rooms ~~shall~~**must** comply with the provision of this pamphlet for industrial-type incinerators. Approved 2-bushel or less gas incinerators may be placed in an approved furnace room and ~~shall~~**must** be equipped with approved automatic 100% shutoff controls, including a safety pilot. Feed doors ~~shall~~**must** be located in an enclosed room that is provided with automatic sprinkler protection or compartment separated from other parts of the building by walls, floor, and a ceiling having a fire-resistance rating of not less than 1 hour with openings to such rooms or compartments protected by approved B-labeled fire door assembly and fire door frames.

(2) In a newly constructed, remodeled, or converted large ~~and/or~~ or secure facility, **or both**, rubbish chutes ~~shall may not~~ extend ~~not~~ less than 4 feet above the roof and ~~shall~~**must** be covered by a metal skylight glazed with thin pane glass. A sprinkler head ~~shall~~**must** be installed at the top of rubbish chutes and within the chutes at alternate floor levels in buildings more than 2 stories in height. A rubbish chute ~~shall~~**must** empty into a separate room, closet, or bin constructed of materials having at least a 1-hour resistance to fire and protected with an automatic sprinkler system.

(3) In new construction, incinerator rooms ~~shall~~**must** have at least 1 wall on an outside wall not exposing a closed court.

(4) In an existing large or secure facility, rubbish handling and incinerators approved before these rules take effect ~~shall~~**will** continue to be approved until the facility is converted or the portion of the facility ~~which that~~ includes the rubbish handling facilities or incinerators is remodeled.

R 400.4563 Laundries.

Rule 563. (1) In a newly constructed, remodeled, or converted large or secure facility with a laundry, the laundry ~~shall~~**must** comply with all ~~of~~ the following requirements:

- (a) Be located in a room constructed of materials that have a 1-hour fire resistance rating.
- (b) Have steam lines installed with a 1-inch clearance from combustibles.
- (c) Have dryer vents constructed of rigid metal vented directly to the exterior or through the roof. Lint traps ~~shall~~**must** be cleaned each time the dryer is used.
- (d) Have 100% automatic and manual shutoff controls for gas appliances other than domestic laundry equipment, which need only have manual shutoff controls.
- (e) Have adequate outside air for combustion where combustion-type equipment is used.

(2) In a newly constructed, remodeled, or converted facility, laundry chutes ~~shall be in compliance~~**must comply** with all ~~of~~ the following requirements:

(a) Be enclosed in shafts constructed of an assemblage of noncombustible materials having at least a 1-hour resistance to fire. If the shaft does not extend through the roof of the building, the top ~~shall~~**must** be covered with noncombustible material affording at least a 1- hour resistance to fire. There ~~shall may not~~ be ~~no~~ openings into the shaft other than those necessary to the intended use of the laundry chute. Feed doors ~~shall~~**must** be located in an enclosed room that is provided with automatic sprinkler protection or compartment separated from other parts of the building by walls, a floor, and a ceiling having a fire-resistance rating of not less than 1 hour with openings to such rooms or compartments protected by B-labeled fire doors and in labeled frames with self-closing, positive latching hardware.

(b) Have a sprinkler head installed at the top of the chutes and within the laundry chutes at alternate floor levels in buildings over 2 stores in heights.

(c) Empty into a separate room, closet, or bin constructed of materials having at least a 1-hour resistance to fire and protected by automatic sprinklers.

(d) Have an open vent at the top where the shaft extends through the roof of the building, a skylight ~~which that~~ is glazed with ordinary glass and ~~which that~~ is not less than 10% of the shaft area, or a window of ordinary glass ~~which that~~ is not less than 10% of the shaft area and ~~which that~~ is set into the side of the shaft with the sill of the window not less than 2 feet above the roof level and 10 feet from any property line or other exposure it faces.

(3) In an existing facility, laundry facilities and laundry chutes approved before these rules take effect ~~shall will~~ continue to be approved until the facility is converted or the portion of the facility ~~which that~~ includes the laundry facility or chute is remodeled.

R 400.4564 Motor vehicle housing.

Rule 564. A motor vehicle or gasoline-powered equipment or devices ~~which that~~ may cause or communicate fire and are not necessary for the personal care of ~~residents youth~~ ~~shall may~~ not be stored within a facility, unless the area housing such equipment is separated from the rest of the facility by materials having at least a 1-hour fire resistance rating.

R 400.4566 Garages.

Rule 566. (1) Garages located beneath, or attached to, a facility ~~shall must~~ have walls, partitions, floors, and ceilings separating the garage space from the rest of the facility by construction with not less than a 1-hour fire resistance rating, **and $\frac{3}{4}$ hour fire rated doors with self-closing and positive latching hardware.**

(2) In existing facilities, garages located beneath or attached to the facility approved before November 30, 1983 ~~shall will~~ continue to be approved until the facility is converted or the portion of the facility containing the garage is remodeled.

R 400.4568 Assemblage area.

Rule 568. A ~~resident youth~~ use assemblage area in a newly constructed, remodeled, or converted facility, such as a recreation room, dining hall, or chapel, with an occupancy of 51 or more persons, as computed by the public assemblage regulations, ~~shall must~~ be maintained and arranged in accordance with ~~national life safety code standard NFPA 101, 2015,~~ governing places of public assemblage. ~~These rules may be obtained from the department.~~ Each door from an assemblage area occupied by ~~residents youth~~ ~~shall must~~ enter a corridor between exits or ~~there shall be~~ **have** direct egress to the outside from each room. In an existing facility, assemblage areas approved before these rules take effect ~~shall will~~ continue to be approved until the areas are remodeled or converted.

PART 6. FIRE SAFETY FOR RESIDENTIAL GROUP HOME FACILITIES

R 400.4601-Applicability- **Rescinded.**

~~Rule 601. The rules in this part apply to residential group homes.~~

R 400.4602-Definitions- **Rescinded.**

~~Rule 602. As used in this part:~~

~~(a) "Approved" means acceptable to the department and fire inspecting authority and in accordance with these rules. The department shall make the final approval based on recommendations from the fire inspecting authority.~~

~~(b) "Basement" means a story of a building or structure having $\frac{1}{2}$ or more of its clear height below average grade for at least 50% of the perimeter of the story.~~

~~(c) "Combustible" means that any part of a material can ignite and burn when subjected to fire or excessive heat.~~

~~(d) "Conversion" or "converted" means a change, after the effective date of these rules, in the use of a facility or portion thereof from some previous use to that of a licensed or approved institution, or an increase in capacity from a residential group home facility to a small facility or a large facility or a~~

change in a secure facility. ~~A converted facility shall comply with these rules for fire safety for converted facilities.~~

(e) ~~"Existing facility" means a building, accessory buildings and surrounding grounds which are licensed or approved by the department as an open institution for 6 or fewer residents at the time these rules take effect and which is not unoccupied or unlicensed for more than 90 consecutive days thereafter. Where an increase in capacity or change in use affects fire safety requirements, the facility shall comply with all applicable requirements prior to the increase or change in use.~~

(f) ~~"Facility" means a building and surrounding grounds and recreational areas owned, leased, or primarily rented by a child care organization for use as a residential group home facility to house and sleep residents. "Facility" includes new, remodeled, converted, and existing facilities. Any portion of a facility not used by residents and not used as a required means of egress and which is separated from the rest of the facility by an approved fire barrier, and buildings used by the residents strictly for up and awake activities do not need to meet these rules for fire safety. However, the right of the fire inspecting authority to inspect a nonuse area for hazardous use, or any building on the grounds that is used by the residents strictly for up and awake activities, is retained and directives relative to fire safety of such area or building may be issued to assure the fire safety of the those use areas.~~

(g) ~~"Fire alarm device" means an approved device capable of sounding an alarm. A fire alarm shall be specifically designated as such and shall not be used for any purpose other than sounding an alarm of fire or other emergency or for fire drills. The device shall be loud enough to be heard throughout the facility under normal conditions. A device may be a bell, a horn, a whistle, or any other device acceptable to the fire inspecting authority.~~

~~—(h) "Fire resistance rating" means the time in hours or fractions thereof that materials or their assemblies will resist fire exposure as determined by fire tests established and conducted by approved testing laboratories.~~

~~—(i) "Means of egress or exit" means an unobstructed way of departure from any point in a building to safe open air outside at grade.~~

(j) ~~"Newly constructed," "new construction," or "new facility" means a structure or addition to a facility after the effective date of these rules.~~

(k) ~~"Non-ambulatory" means a resident, including a resident confined to a wheelchair, who is physically or mentally incapable of traversing a path to safety without the aid of another person. A path to safety includes the ascent and descent of any stairs or other approved means of egress from the building.~~

(l) ~~"Remodeled" means changes in a facility that modify existing conditions and includes renovation. Remodeled and affected areas of an institution shall conform to these rules for fire safety for remodeled and converted facilities. Unaffected areas of a facility are not required to conform to the required provisions for remodeled and converted facilities.~~

(m) ~~"Residential group home facility" means a building used to house not more than 6 residents and is not a secure facility.~~

(n) ~~"Second story" means the story of a building above the highest story that has a means of egress that is not more than 4 feet to grade.~~

(o) ~~"Street floor" means the lowest story of a facility that is not a basement.~~

(p) ~~"Story" means that part of a building between a floor and the floor or roof next above.~~

R 400.4604 Adoption by reference. Rescinded.

~~—Rule 604. The department adopts the fire safety codes and standards in this rule. These codes and standards are available for inspection and distribution to the public at cost at the Department of Human Services, 201 N. Washington Square, P.O. Box 30650, Lansing, Michigan 48909. Copies of the codes and standards may also be obtained from the appropriate agency, organization, or association listed~~

~~below. The costs indicated are those in effect at the time these rules are promulgated. The codes and standards adopted are as follows:~~

~~(a) Standard No. 10, “Standard for Portable Fire Extinguishers”, 2013 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109, \$46.50.~~

~~—(b) Standard No. 13D, “Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes”, 2007 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109, \$33.50.~~

~~(c) Standard No. 25, “Standard for the Inspection, Testing and Maintenance of Water Based Fire Protection systems”, 2014 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109, \$54.50.~~

~~(d) Standard No. 70, “National Electric Code,” 2014, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$89.50.~~

~~(e) Standard No. 72, “National Fire Alarm Code”, 2013 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$80.10.~~

~~(f) Standard No. 80, “Standard for Fire Doors and Other Opening Protectives”, 2013, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$46.50.~~

~~(g) Standard No. 261, “Standard Method of Test for Determining Resistance of Mock-Up Upholstered Furniture Material Assemblies to Ignition by Smoldering Cigarettes”, 2013 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$36.50.~~

~~(h) Standard No. 255, “Standard Method of Test of Surface Burning Characteristics of Building Materials”, 2006, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$36.50.~~

~~(i) Standard No. 701, “Standard Methods of Fire Tests for Flame Propagation of Textiles and Films”, 2010 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$36.50.~~

~~(j) Standard E-1590-2002, “Standard Method for Fire Testing of Mattresses” American Society for Testing and Materials, 100 Bar Harbor Dr., West Conshohocken, PA, 19428-2959.~~

R 400.4605-Plan review. Rescinded.

~~Rule 605. (1) Plans and specifications shall be submitted to the bureau of fire services for review and approval prior to any remodeling in a residential group home or the construction or conversion of a residential group home.~~

~~(2) The plans shall comply with all of the following provisions:~~

~~(a) Show layout, room arrangements, construction materials to be used, and the location size, and type of fixed equipment.~~

~~(b) For additions, show those portions, including existing exits, types of construction, and room occupancies, which may be affected by the addition.~~

~~(3) The plans shall be approved in writing by the bureau of fire services before construction begins.~~

~~(4) The plans for residential group homes for not more than 6 residents do not require the seal of a registered architect or engineer.~~

R 400.4606-Evacuation training and telephone. Rescinded.

~~Rule 606. (1) Staff shall be trained in evacuation of the facility in the event of emergency. A record shall be maintained of the training.~~

~~(2) There shall be a telephone for communicating an alarm of fire to the fire department. A pay phone is not acceptable as a phone for communicating an alarm of fire.~~

~~(3) The telephone number of the fire department shall be posted by all phones.~~

R 400.4608 Facility location. Rescinded.

~~Rule 608. A residential group home facility shall not be established within 300 feet of an aboveground storage tank containing flammable liquids used in connection with a bulk plant, marine terminal, aircraft refueling, or bottling plant of a liquid petroleum gas installation or other similar hazard.~~

R 400.4612 Combustible materials, decorations, furnishings, and bedding. Rescinded.

~~Rule 612. (1) A residential group home facility shall be kept free of all accumulation of combustible materials other than those necessary for the daily operation of the residential group home.~~

~~(2) Easily ignited or rapidly burning combustible decorations are not permitted in a facility. Personal artwork and personal decorations made or owned by residents are permitted up to 6 square feet of wall space in each room or area other than means of egress or hazardous areas.~~

~~(3) Newly introduced upholstered furniture shall be tested in accordance with and comply with NFPA-261 unless located in an area having automatic sprinkler protection.~~

~~(4) Newly introduced mattresses shall be tested in accordance with ASTM E 1590 unless located in an area having automatic sprinkler protection.~~

R 400.4613 –Basement as sleeping room prohibited. Rescinded.

~~Rule 613. A basement shall not be used for sleeping.~~

R 400.4615 Electrical service. Rescinded.

~~Rule 615. (1) The electrical service shall be maintained in a safe condition.~~

~~—(2) Where the inspecting authority believes there is a need for an inspection of the electrical system because of its condition, the electrical service shall be inspected by a qualified electrical inspection service. A copy of the inspection report shall be maintained at the facility for review.~~

~~(3) Where an electrical system inspection indicates deficiencies in the electrical system, the deficiencies shall be corrected and a certificate of approval shall be maintained at the facility confirming that all deficiencies related to the electrical system have been corrected.~~

R 400.4617 Residential group home facility construction. Rescinded.

~~Rule 617. A residential group home facility shall be at least of ordinary construction, light platform frame, and not over 2 stories high above the highest grade.~~

R 400.4618 Locked seclusion room; prohibition. Rescinded.

~~Rule 618. A locked seclusion room is not permitted in a residential group home facility.~~

R 400.4620 Interior finish. Rescinded.

~~Rule 620. (1) The following alphabetical classification of finished materials for flame spread and smoke development, as determined by the tunnel test in accordance with the national fire protection association, standard No. 255, 2006; American society of testing materials E-84-77A, 2014; or Underwriters Laboratories standard No. 723, 2008, shall be used to determine interior finishes:~~

Class	Flame Spread	Smoke Developed
A	0—25	0—450
B	26—75	51—450
C	76—200	126—450

The same alphabetical classification is used for combustibility of prefabricated acoustical tile units, only under federal specifications test No. SS-5-118a.

(2) The classification of interior finish materials as to their flame spread and smoke development shall be that of the basic material used, without regard to subsequently applied paint or other coverings, except where such paint or other covering is of such a character or thickness where applied to affect the material classification. Finishes such as lacquer, polyurethane-based materials, or unapproved wall coverings shall not be used.

(3) In a newly constructed, remodeled, or converted residential group home, an interior finish classification shall be that of the basic material used, without regard to subsequently applied paint or other covering in an attempt to meet the classification.

(4) Interior finishes and materials shall be at least class C throughout.

R 400.4621 Automatic sprinkler protection. Rescinded.

—Rule 621. All newly constructed residential group homes shall be provided with automatic sprinkler protection in accordance with the requirements of NFPA 13D. Sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25.

R 400.4623 Smoke detection equipment. Rescinded.

Rule 623. (1) Newly constructed or licensed residential group homes shall be protected by interconnected smoke detectors in accordance with NFPA 72.

(2) A residential group home facility shall be protected by at least battery-operated smoke detection devices installed in all of the following areas:

(a) Between sleeping areas and the other areas of the facility.

(b) At the top of all interior stairways.

(c) In the immediate vicinity of combustion-type heating and incinerating devices, where such devices are not in an enclosure providing at least 1-hour resistance to fire. Where such devices are in enclosures which provide at least 1-hour resistance to fire, a fire detection device shall be immediately outside of the enclosure.

(d) At least 1 on every floor.

(2) Fire detection devices shall comply with all of the following requirements:

(a) Be listed or labeled by an independent, nationally recognized testing laboratory.

(b) Be installed and maintained in accordance with the manufacturer's and test specifications.

(c) Be cleaned and tested at least quarterly.

(d) Have the batteries replaced at least annually.

(e) of a type that provides a signal when batteries are not providing sufficient power and where batteries are missing.

(2) Any device required by this rule which signals that power is low or a battery is missing shall be immediately serviced and restored to full power.

(3) A written record shall be maintained in the facility of quarterly cleanings and testing of devices and of annual battery replacements.

(4) Fire detection systems in an existing residential group home facility, approved before November 30, 1983 shall continue to be approved. All fire detection systems in residential group homes shall be maintained in proper working order.

R 400.4632 Fire extinguishers. Rescinded.

Rule 632. (1) All required fire extinguishers shall be subjected to a maintenance check at least once a year. Each fire extinguisher shall have a tag or label attached indicating the month and year maintenance was performed and identifying the person or company performing the service.

- ~~(2) All required extinguishers shall be recharged after use.~~
- ~~(3) A minimum of 1 approved fire extinguisher shall be provided on each floor.~~
- ~~(4) All fire extinguishers shall be at least 4 inches off the floor and the top of the extinguisher shall be less than 5 feet off the floor in a special cabinet or on a wall rack which is easily accessible at all times, unless programmatically contraindicated. Where programmatically contraindicated, the required extinguishers may be kept behind locked doors if all staff carry keys to the doors.~~
- ~~(5) In new, remodeled, or converted facilities, a fire extinguisher shall be at least a type 2 A-10BC.~~
- ~~—(6) In existing facilities licensed prior to November 30, 1983, previously approved fire extinguishers other than a 2 A-10BC type will continue to be approved if they are maintained in the area for which they are approved.~~

R 400.4635 Fire alarm systems. Rescinded.

~~Rule 635. A residential group home facility shall be equipped with a fire alarm device. The device shall be used only to sound an alarm of fire, for practice fire drills, and other emergencies requiring evacuation of the facility.~~

R 400.4638 Means of egress. Rescinded.

~~—Rule 638. (1) Means of egress shall be considered the entire way and method of passage to free and safe ground outside a facility. All required means of egress shall be maintained in unobstructed, easily traveled condition at all times.~~

~~(2) There shall be not less than 2 means of egress from the street floor story. At least 1 of the 2 means of egress shall be through a side hinged door. The door shall be a minimum of 30 inches wide, except as provided in R 400.4639. The second means of egress may be a sliding glass door.~~

~~(3) A second story shall only be used by ambulatory residents and shall comply with 1 of the following requirements:~~

- ~~(a) Two open stairways separated by not less than 50% of the longest dimension of the story.~~
 - ~~(b) One open interior stairway and 1 exterior stairway or fire escape separated by not less than 50% of the longest dimension of the story. An exterior stairway or fire escape does not require protection from fire in the building. An exterior stairway or fire escape shall be constructed of not less than 2-inch nominal lumber and be in good repair.~~
 - ~~(c) One interior stairway and all floors separated by materials which afford at least a 3/4-hour fire resistance rating. The doors separating floors shall be at least 1 3/4-inch solid wood-core and shall be equipped with positive latching hardware and approved self-closing devices. Each sleeping room on the second story shall have a window of not less than 5 square feet with no dimension less than 22 inches to allow for emergency rescue.~~
- ~~(2) A basement used by residents requires 1 means of egress which may be a stairway. The stairway may be an open stairway, except as required by subrule (3)(c) of this rule.~~

R 400.4639 Special requirements for facilities caring for nonambulatory residents. Rescinded.

~~Rule 639. A residential group home facility providing care to 1 or more nonambulatory residents shall comply with all of the following provisions:~~

- ~~(a) House such residents only on the street floor.~~
- ~~(b) Have required exitways which are not less than 48 inches wide in a new facility and not less than 44 inches wide in an existing or converted facility. Doors shall be a minimum of 36 inches wide.~~
- ~~(c) Have required exits discharge at grade level or have required exits equipped with ramps. Ramps shall not exceed 1 foot of rise in 12 feet of run and shall have sturdy handrails. Once at grade, there shall be a surface sufficient to permit occupants to move a safe distance from the facility.~~

R 400.4640 Stairs. Rescinded.

~~—Rule 640. (1) In new and converted facilities, stairs shall have treads of uniform width and risers of uniform heights. In converted facilities, treads shall be not less than 9 1/2 inches deep, exclusive of nosing, and risers shall be not more than 7 3/4 inches in height. In newly constructed facilities, treads shall be not less than 11 inches deep, exclusive of nosing, and risers shall be not more than 7 inches in height.~~

~~(2) Stairs in an existing facility approved before these rules take effect shall continue to be approved until the portion of the building encompassing the stairs is remodeled.~~

R 400.4643 Doors. Rescinded.

~~Rule 643. (1) Doors to required means of egress shall be equipped with at least knob type, properly operating, positive latching, nonlocking against egress type hardware which insures the opening of the door with a single motion, such as turning a knob or applying pressure of normal strength on a latch, except that an approved sliding door may be equipped with a non-key locking device.~~

~~(2) Required doors entering stairs and doors to fire rated enclosures shall not be held in an open position at any time by an underdoor wedge or hold open device.~~

R 400.4652 Heating devices and flame producing devices. Rescinded.

~~Rule 652. (1) Flame producing type heating devices and incinerator devices on any story used by residents shall be in an enclosure that provides at least 1-hour resistance to fire. Any interior door to the enclosure shall be of at least a B-labeled fire door in a labeled frame equipped with latching hardware and a self-closing device. Adequate combustion air shall be provided to the enclosure directly from the outside through a permanently opened louver or continuous ducts. Fire dampers are not required in ducts penetrating this enclosure.~~

~~(2) Where flame producing type heating devices or incinerator devices are located on a story not used by residents, there shall be a separation between the story or stories containing such devices and resident-used stories such that at least a 3/4-hour resistance to fire is provided. Any interior stairway to such a nonresident-used story shall have at least a 1 3/4-inch solid wood-core door which is equipped with latching hardware and a self-closing device separating the non-resident-used story from resident-used stories.~~

~~(3) Electric heating shall be installed in accordance with the manufacturer's specifications and shall be of a type approved by a nationally recognized, independent testing laboratory.~~

~~(4) Portable heaters and space heaters, including solid fuel heaters, are prohibited.~~

~~(5) A fireplace is permitted if it is masonry and has all of the following components:~~

~~(a) An approved glass door shielding the opening. The door shall be closed at all times except when a fire is being tended.~~

~~—(b) A noncombustible hearth extending a minimum of 16 inches out from the front and 8 inches beyond each side of the fireplace opening.~~

~~(c) A noncombustible face extending not less than 12 inches above and 8 inches on each side of the fireplace opening.~~

~~(d) A masonry chimney constructed with approved flue liners.~~

~~(e) The chimney shall be visually inspected every other month while in use and cleaned as needed, but at least once every 12 months.~~

~~(2) A heating plant room shall not be used for combustible storage or for a maintenance shop unless the room is provided with automatic sprinkler protection.~~

~~(3) A furnace and other flame-producing unit shall be installed according to manufacturer and test specifications and shall be vented by metal ducts to a chimney which is constructed of bricks, solid block masonry, or reinforced concrete which has an approved flue lining and is properly erected and~~

~~maintained in safe condition. A bracket chimney is not permitted. This rule does not prohibit the installation and use of any prefabricated chimney bearing the label of an approved, nationally recognized, independent testing laboratory if it is installed in accordance with manufacturer and test specifications and is compatible with the heating unit or units connected to it. Only gas and oil-fired units may be connected to a prefabricated chimney.~~

~~(4) All furnaces shall be inspected on an annual basis by a licensed inspector. A copy of the inspection must be made available to the qualified fire inspector or the department's licensing authority upon request.~~

R 400.4657 Storage rooms. Rescinded.

~~Rule 657. Storage rooms larger than 100 square feet used for the storage of combustible materials shall be separated from the remainder of the facility by construction with at least a 1-hour fire resistance rating and interior door openings protected with minimum B-labeled fire door and frame assemblies that has approved self-closing, latching hardware.~~

R 400.4660 Cooking appliances. Rescinded.

~~Rule 660. (1) Cooking appliances shall be of the domestic type and shall be installed in accordance with approved safety practices.~~

~~(2) Where hoods or canopies are provided over the cooking appliances, they shall be equipped with filters which shall be maintained in an efficient and clean condition.~~

R 400.4666 Garages. Rescinded.

~~Rule 666. (1) Garages located beneath a residential group home facility shall have walls, partitions, floors, and ceilings separating the garage from the rest of the facility by construction with not less than a 1-hour fire resistance rating with connecting door openings protected with B-labeled fire door and frame assemblies.~~

~~(2) Garages attached to a facility shall be separated from the rest of the facility by construction with not less than a 1-hour fire resistance rating with connecting door openings protected with B-labeled fire door and frame assemblies that has approved self-closing, latching hardware.~~

NOTICE OF PUBLIC HEARING

NOTICE OF PUBLIC HEARING
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
Children's Services Agency
Division of Child Welfare Licensing
Rules for Child Caring Institutions
Rule Set 2020-39 HS

The Michigan Department of Health and Human Services will hold a public hearing to receive public comments on the proposed rules entitled Child Caring Institutions.

The public hearing will be held virtually via Zoom to receive public comments while complying with measures designed to help prevent the spread of Coronavirus Disease 2019 (COVID 19) and the City of Lansing Resolution #2021-081.

Thursday, June 3, 2021-9:00 a.m. to 3:00 p.m.
<https://tinyurl.com/4rx79535>
Meeting ID: 871 2605 2252
Passcode: rWvA73

Thursday, June 10, 2021-9:00 a.m. to 3:00 p.m.
<https://tinyurl.com/vb6s7kzr>
Meeting ID: 880 4415 1429
Passcode: T11C4H
Email: MDHHS-AdminRules@michigan.gov

These rules address the licensing requirements for child caring institutions in the state. They provide the minimal standards for staff qualifications, facility requirements, licensing, and fire safety. The rules were last updated in 2015. Current issues have evolved that require a review of the entire rule set to address LGBTQ youth, restraints, seclusion, and behavior management. Further, there are conflicts within the child caring institution, child placing agencies, and foster family and group home rules that need to be amended for consistency for the contracted agencies providing services. All three rule sets are currently being revised.

By authority conferred on the Director of Health and Human Services by section 2, 1973 PA 116, MCL 722.112 and E.O. No. 2015-4, MCL 400.227. The rules (Rule Set 2020-39 HS) are published on the Michigan Government web site at <https://ars.apps.lara.state.mi.us/> and in the Michigan Register in the June 1, 2021 issue. Copies of the draft rules may also be obtained by mail or electronic transmission at the following address:

Department of Health and Human Services
Attn: MDHHS-AdminRules@michigan.gov
MDHHS South Grand Building
333 South Grand Avenue, 5th Floor
Lansing, MI 48909
Telephone: 517-242-9634

Comments on the rules may be made in person at the hearing or by mail or electronic mail until Friday, June 11, 2021 for both hearings.

PROPOSED ADMINISTRATIVE RULES

DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY

DIRECTOR'S OFFICE

CONSTRUCTION SAFETY AND HEALTH STANDARD

Filed with the secretary of state on

These rules take effect immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a(69) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.

(By authority conferred on the director of the department of labor and economic opportunity by sections 19 and 21 of the Michigan occupational safety and health act, 1974 PA 154, MCL 408.1019 and 408.1021, and Executive Reorganization Order Nos. 1996-2, 2003-1, 2008-4, 2011-4, and 2019-3, MCL 445.2001, 445.2011, 445.2025, 445.2030, and 125.1998)

R 408.40132 of the Michigan Administrative Code is amended, as follows:

CONSTRUCTION SAFETY AND HEALTH STANDARD
PART 1. GENERAL RULES

R 408.40132. Medical services and first aid.

Rule 132. (1) An employer shall ensure the availability of medical personnel for advice and consultation on matters of occupational health.

(2) Before beginning a project, provision must be made for prompt medical attention in case of serious injury.

(3) A person who has a valid certificate in first aid training shall be present at the worksite to render first aid. A certificate is valid if the requirements necessary to obtain the certificate for first aid training meet or exceed the requirements of the United States Bureau of Mines, the American Red Cross, the guidelines for basic first aid training programs, or equivalent training.

(4) Where a remote location or a single employee worksite exists, an employer shall provide a written plan that includes alternate methods of assuring available treatment for employees at a remote location or single-employee worksite. The plan must be communicated to all affected employees.

(5) An employer must assure that there are first aid supplies at each jobsite and that the supplies are readily accessible.

(6) The contents of a first aid kit shall be sealed in individual packages, stored in a weatherproof container, and checked by an employer or designated person before being sent out on each job and at least weekly on each job to ensure that expended items are replaced.

(7) An employer shall provide proper equipment for the prompt transportation of an injured person to a physician or hospital and a communication system for contacting the necessary emergency service. In areas where 911 is not available, the telephone numbers of a physician,

hospital, or emergency service shall be conspicuously posted at the jobsite. In areas where 911 emergency dispatch services are not available, the telephone numbers of the physicians, hospitals, or ambulances shall be conspicuously posted.

(8) In areas where 911 emergency dispatch services are available and an employer uses a communication system for contacting necessary emergency-medical service, the employer must do both of the following:

(a) Ensure that the communication system is effective in contacting the emergency-medical service.

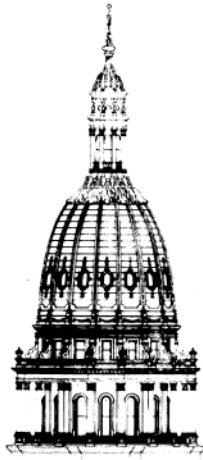
(b) When using a communication system in an area that does not automatically supply the caller's latitude and longitude information to the 911 emergency dispatcher, the employer must post in a conspicuous location at the worksite either of the following:

(i) The latitude and longitude of the worksite.

(ii) Other location-identification information that communicates effectively to employees the location of the worksite.

(c) The requirement specified in subdivision (b) of this subrule does not apply to worksites with a readily available telephone that has 911 emergency service that automatically identifies the location of the caller.

(9) Where the eyes or body of any person may be exposed to injurious corrosive materials, the employer shall provide suitable facilities for quick drenching or flushing of the eyes and body within the work area for immediate emergency use.



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TREASURY, DEPARTMENT OF

Charitable Gaming (2021-7*)

Horse Racing General Rules (2012-6)

**ADMINISTRATIVE RULES
ENROLLED SENATE AND HOUSE BILLS
SIGNED INTO LAW OR VETOED
(2021 SESSION)**

Mich. Const. Art. IV, §33 provides: “Every bill passed by the legislature shall be presented to the governor before it becomes law, and the governor shall have 14 days measured in hours and minutes from the time of presentation in which to consider it. If he approves, he shall within that time sign and file it with the secretary of state and it shall become law . . . If he does not approve, and the legislature has within that time finally adjourned the session at which the bill was passed, it shall not become law. If he disapproves . . . he shall return it within such 14-day period with his objections, to the house in which it originated.”

Mich. Const. Art. IV, §27, further provides: “No act shall take effect until the expiration of 90 days from the end of the session at which it was passed, but the legislature may give immediate effect to acts by a two-thirds vote of the members elected to and serving in each house.”

MCL 24.208 states in part:

“Sec. 8. (1) The Office of Regulatory Reform shall publish the Michigan register at least once each month. The Michigan register shall contain all of the following:

* * *

(b) On a cumulative basis, the numbers and subject matter of the enrolled senate and house bills signed into law by the governor during the calendar year and the corresponding public act numbers.

(c) On a cumulative basis, the numbers and subject matter of the enrolled senate and house bills vetoed by the governor during the calendar year.”